

New JUL 7 1942
Registration District No. *1823*

Primary Registration District No. *4095*

State File No.

Registrar's No. *27*

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1
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:

(a) County *Cedar*

(b) City or town *El Dorado Spgs Mo*
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: *1*
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution.....
(Specify whether years, months or days)

In this community *15 yrs*

2. USUAL RESIDENCE OF DECEASED:

(a) State *Mo* (b) County *Cedar*

(c) City or town *El Dorado Spgs*
(If outside city or town limits, write "RURAL")

(d) Street No. *508 M Jackson*
(If rural, give location)

(e) Citizen of foreign country? *Mo O* (Yes or No)
If yes, name country.....

3. (a) PRINT FULL NAME *NANNIE LONDON*

3. (b) If veteran, name war.....
3. (c) Social Security No.

4. Sex *Female* 1. Color or race *White*

6. (a) Single, widowed, married, divorced *Widow*

6. (b) Name of husband or wife..... 6. (c) Age of husband or wife if alive..... years

7. Birth date of deceased *April 3 1864*
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

78 2 5 hr. min.

9. Birthplace: *Two Ridges Ohio*
(City, town, or county) (State or foreign country)

10. Usual occupation *Housewife*

11. Industry or business.....

MOTHER FATHER

12. Name *George Frazier*

13. Birthplace *Scotland*
(City, town, or county) (State or foreign country)

14. Maiden name *Frances Taylor*

15. Birthplace *England*
(City, town, or county) (State or foreign country)

16. (a) Informant *Miss Laura Walters*
(b) Address *1147-21st N Douglas Arizona*

17. (a) *Burial* (b) Date thereof *6/12/42*
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation *El Dorado Spgs*

18. (a) Signature of funeral director *Nancy G. Unruh*
(b) Address *El Dorado Spgs Mo*

19. (a) *June 13-1942* (b) *L. S. Dunaway*
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month *June* day *8*
year *1942* hour *10:30* minute *a.m.*

21. I hereby certify that I attended the deceased from *June 4th* 19*42* to *June 8* 19*42*
that I last saw her alive on *June 8* 19*42*
and that death occurred on the date and hour stated above.

Immediate cause of death *Chronic myocarditis*

Due to *Arterio Sclerosis*

Due to.....

Other conditions (Include pregnancy within 3 months of death) *92d*

Major findings: Of operations.....

Of autopsy.....

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify).....

(b) Date of occurrence.....

(c) Where did injury occur?..... (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work? (Specify type of place) (c) Means of injury.....

23. Signature *C. Remderwitz* M. D. or other.....

Address *El Dorado Spgs Mo* Date signed *6-13-42*

RECEIVED

District Health Officer No. 7,

District File Number 7-42-697

Date Filed 7-6-42,

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....
....., Registered Apprentice No.....
working under my personal supervision.

Signed

George W. Mafes

Licensed Embalmer No. 2752

P. O. Address El Dorado, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.