S. No. 2
OM—5-42
v. 5-17-39
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

28455

State File No.

Registration District No. 373 Primary Registration District No. 4544 Registrar's No. 32

1. PLACE OF DEATH:

(a) County Webster

(b) City or town Niangua (If outside city or town limits, write "RURAL" and name of township)

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

(d) Length of stay: In hospital or institution x (Specify whether In this community 10 years years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Webster 112

(c) City or town Niangua 0 (If outside city or town limits, write "RURAL")

(d) Street No. x 0 (If rural, give location)

(e) Citizen of foreign country? No (Yes or No)

If yes, name country x 0

3. (a) PRINT FULL NAME Nancy Augusta Haven

3. (b) If veteran, name war x

3. (c) Social Security No. x

4. Sex Female

5. Color or race White 1

6. (a) Single, widowed, married, divorced 2 widowed

6. (b) Name of husband or wife

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

7. Birth date of deceased April (Month) - 3 (Day) - 1869 (Year)

8. AGE: Years 73 Months 4 Days 24 If less than one day x hr. x min.

9. Birthplace Webster County, Missouri (City, town, or county) (State or foreign country) 0

10. Usual occupation Housewife

11. Industry or business Home

FATHER
12. Name Alhart Buck
13. Birthplace Tennessee (City, town, or county) (State or foreign country) 1

MOTHER
14. Maiden name Mary Wheeler
15. Birthplace Missouri (City, town, or county) (State or foreign country) 0

16. (a) Informant Mrs. Mitchel Dyche

(b) Address Niangua, Missouri

17. (a) Burial (Burial, ~~cremation, or removal~~) (b) Date thereof Aug. (Month) - 28 (Day) - 1942 (Year)

(c) Place: burial ~~or cremation~~ St. Luke

18. (a) Signature of funeral director Rex Laney

(b) Address Marshfield, Missouri

19. (a) 9/5/42 (Date received local registrar) (b) J. W. Bruce (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 27 year 1942 hour 9 minute A.M.

21. I hereby certify that I attended the deceased from Aug 1 - Aug - 1942 to Aug 27 1942 that I last saw her alive on Aug 27 - 1942 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Chronic Instestitiae Nephrobis.	
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy	

PHYSICIAN — Underline the cause to which death should be charged statistically.

31a

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? (Specify type of place)

While at work? (e) Means of injury

23. Signature W. F. Schlicht (M. D. or other)

Address Niangua Date signed Sept 4/42

020

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 6,
District File Number 942 - 1381
Date Filed SEP 11 1942

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 [illegible]

Licensed Embalmer No. 3312

P. O. Address Marshfield, 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.