

Registration District No. 10

Primary Registration District No. 3002

1. PLACE OF DEATH:

(a) County Audrain
(b) City or town Mexico, Mo
(c) Name of hospital or institution: 1404 N. Olive on
(d) Length of stay: In hospital or institution...
In this community 80 years

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Audrain
(c) City or town Mexico
(d) Street No. 1404 N. Olive
(e) Citizen of foreign country? no

3. (a) PRINT FULL NAME Nancy Jane Baise

(b) If veteran, name war... (c) Social Security No. none

4. Sex Female 5. Color or race W
6. (a) Single, widowed, married, divorced, widowed
6. (c) Age of husband or wife if alive 71 years

8. AGE: Years 80 Months 5 Days 23

9. Birthplace Montgomery Co Mo

10. Usual occupation housewife

11. Industry or business

MOTHER FATHER { 12. Name Geo Harvey
13. Birthplace Unknown
14. Maiden name Leticia Dickenson
15. Birthplace Unknown

16. (a) Informant Mrs Harry Coil
(b) Address Mexico Mo

17. (a) Burial (b) Date thereof Oct 1 1942
(c) Place: burial or cremation Liberty Cemetery

18. (a) Signature of funeral director Chas Arnold Jr
(b) Address Mexico Mo

19. (a) Sept 30-42 (b) Margaret H Mackie

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 30
year 1942 hour 12 minute 10 P.M.

21. I hereby certify that I attended the deceased from Sept 1 1942 to Sept 30 1942
that I last saw her alive on Sept 29 1942 and that death occurred on the date and hour stated above.

Immediate cause of death myocarditis chr
Due to I senility arterio sclerosis
Due to

Other conditions Carcinoma of stomach
(Include pregnancy within 3 months of death)

Major findings: Of operations 46 lb
Of autopsy

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?
(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 R. L. Williams (M. D. or other) m. D
Address Mexico Mo Date signed 10-1-42

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

4
1
2

1017

RECEIVED

District Health Officer No. 10

District File Number 10-42-1796

Date Filed OCT-2-1942

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.....

Emmett R. Head

Licensed Embalmer No. 4038

P. O. Address Mexico, 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.