

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED OCT 8 1942

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

31075

State File No.

Registration District No. 277

Primary Registration District No. 5949

Registrar's No. 32

1. PLACE OF DEATH:

(a) County Pike
(b) City or town Rural - Cuiver
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution no (Specify whether
In this community 30 yrs years, months or days)

3. (a) PRINT FULL NAME Nannie R. Barger

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

4. Sex Female 5. Color White 6. (a) Single, widowed, married, divorced Widow
7. Birth date of deceased Aug. 28 - 1861 (Month) (Day) (Year)

8. AGE: Years 81 Months 0 Days 16 If less than one day hr. min.

9. Birthplace Kirkville Mo. (City, town, or county) (State or foreign country)

10. Usual occupation House wife

11. Industry or business:

12. Name Johnethan W. Waddell
13. Birthplace Tenn 8821 (City, town, or county) (State or foreign country)
14. Maiden name Sarah Humphries
15. Birthplace Tenn 8821 (City, town, or county) (State or foreign country)

16. (a) Informant Claude Barger
(b) Address Bowling Green

17. (a) Burial (b) Date thereof Sept. 16 - 1942 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Bowling Green Cem.

18. (a) Signature of funeral director W. B. E. Moore
(b) Address Bowling Green Mo.

19. (a) Sept 26 42 (b) Edna Frank Gads (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Pike
(c) City or town Rural (If outside city or town limits, write "RURAL")
(d) Street No. Cuiver Pashp. (If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country:

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept. day 14th year 1942 hour 3 minute 10 A. M.

21. I hereby certify that I attended the deceased from May 5 1942 to Sept 14 1942
that I last saw her alive on Sept 12th 1942
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral hemorrhage
Due to arterio-sclerosis

Other conditions none (Include pregnancy within 3 months of death)

Major findings: Of operations none
Of autopsy none

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) (e) Means of injury:
23. Signature James B. Biggs, M.D. (M. D. or other)
Address Bowling Green, Mo. Date signed 9/14/42

(Licensed Embalmer's Statement on Reverse Side)

1148

RECEIVED

District Health Officer No. 10

District File Number 10-42-1807

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: H. P. Elmore

Licensed Embalmer No. 3466

P. O. Address. Bowling Green

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.