

FILED NOV 10 1942

Registration District No. 408757

Primary Registration District No. 3020-3028

Registrar's No. 212

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

1. PLACE OF DEATH:

(a) County Jasper

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

(c) Name of hospital or institution:  
915 Case St.  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 1 month (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Newton

(c) City or town Pierce City Mo.  
(If outside city or town limits, write "RURAL")

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

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

3. (a) PRINT FULL NAME Nancy Ellen Rimmer

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

4. Sex F / 5. Color or race W 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Walter Rimmer 6. (c) Age of husband or wife if alive 60 years

7. Birth date of deceased June 13 1884  
(Month) (Day) (Year)

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

58 4 20 hr. .... min.

9. Birthplace Newton Co. Missouri  
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business .....

MOTHER FATHER { 12. Name George Stansbery

{ 13. Birthplace Ky, (City, town, or county) (State or foreign country)

{ 14. Maiden name Unknown

{ 15. Birthplace 9 (City, town, or county) (State or foreign country)

16. (a) Informant Walter Rimmer

(b) Address Carthage Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 10-5-42  
(Month) (Day) (Year)

(c) Place: burial or cremation Var Buren

18. (a) Signature of funeral director [Signature]

(b) Address Pierce City Mo.

19. (a) 10/3/42 (Date received local registrar) (b) Elizabeth Coplin (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct. day 2nd  
year 1942 hour 2.30 minute P. M.

21. I hereby certify that I attended the deceased from June 1st 1942 to October 2nd 1942  
that I last saw her alive on October 2nd 1942  
and that death occurred on the date and hour stated above.

Immediate cause of death Uremia 2 days

Chronic Myocarditis 5 yrs.

Chronic Nephritis 5 yrs.

Hypertension 5 yrs.

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

Major findings: None

Of operations None

Of autopsy No

Duration

2 days

5 yrs.

5 yrs.

5 yrs.

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) No

(b) Date of occurrence None

(c) Where did injury occur? None  
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? No

While at work? (Specify type of place) (e) Means of injury 0

23. Signature George H. Wood (M. D. or other)  
Address Carthage Mo Date signed 10/3/42

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.....

*me*

....., Registered Apprentice No.....

working under my personal supervision.

Signed *Richard O. Kemmerer*

Licensed Embalmer No. *3827*

P. O. Address *Perse City, Md*

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.