

FILED MAR 12 1943
Registration District No. a 174

Primary Registration District No. 4437

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

1. PLACE OF DEATH:

(a) County Randolph

(b) City or town Cairo
(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 _____ (Specify whether _____)

In this community _____ (Specify whether _____)
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Randolph

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

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

(e) Citizen of foreign country? no (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Nannie Dayness

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

4. Sex female 5. Color or race White

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

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

7. Birth date of deceased July 25 1865
(Month) (Day) (Year)

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

78 6 0 _____ hr. _____ min.

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

10. Usual occupation _____

11. Industry or business _____

MOTHER FATHER { 12. Name Richard Gooding

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

14. Maiden name Malissia Phipps

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

16. (a) Informant Mrs. Dora Jones

(b) Address Cairo, Missouri

17. (a) Burial (b) Date thereof Jan 17, 1943
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Pleasant Hill Cemetery

18. (a) Signature of funeral director Tom B. Patterson

(b) Address Huntsville, Mo

19. (a) 1-2-43 (b) Irma Hove
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 25
year 1943 hour _____ minute _____ M.

21. I hereby certify that I attended the deceased from Jan 20, 1943 to Jan 20, 1943
that I last saw her alive on Jan 23, 1943
and that death occurred on the date and hour stated above.

Immediate cause of death: Angina Pectoris

Due to: Coronary Thrombosis

Due to: _____

Other conditions (Include pregnancy within 3 months of death) 94 lb

Major findings: Of operations X

Of autopsy X

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

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

(b) Date of occurrence _____

(c) Where did injury occur? X
(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 John P. Allen (M. D. or O.D.)
Address Cairo, Mo Date signed Jan 26-43

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

RECEIVED

District Health Officer No. 10

District File No. 3-43-472

Date Filed JAN 10 1949

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 Tom B. Patton

Licensed Embalmer No. 39134

P. O. Address Huntsville, Tenn.

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.