

FILED APR 14 1948
Registration District No. 368

Primary Registration District No. 3076

1. PLACE OF DEATH:

(a) County Vernon
(b) City or town Nevada, Mo. (City)
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Nevada City Hospital
(If not in hospital or institution, write street number and location)
(d) Length of stay: In hospital or institution 2 weeks
(Specify whether years, months or days) 50 yrs.

3. (a) PRINT FULL NAME NANCY ELIZABETH STEWARD

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

4. Sex 7 1 5. Color or race W 6. (a) Single, widowed, married, 2 divorced Widow
6. (b) Name of husband or wife O. S. Steward 6. (c) Age of husband or wife if alive 13 years
7. Birth date of deceased 11 13 1857
(Month) (Day) (Year)

8. AGE: Years 85 Months 3 Days 28 If less than one day hr. min.

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

10. Usual occupation House wife

11. Industry or business

MOTHER FATHER { 12. Name Jasper N. Robinson
13. Birthplace Unknown (City, town, or county) (State or foreign country)
14. Maiden name Marie Elizabeth Butler
15. Birthplace Unknown (City, town, or county) (State or foreign country)

16. (a) Informant Newton G. Steward
(b) Address Montevilla Mo.
17. (a) Burial (b) Date thereof 3 14 43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Bruce Cemetery
18. (a) Signature of funeral director E. B. Berry & Sons
(b) Address Montevilla Mo.
19. (a) 3-13-43 (b) Aozel B. Beuick
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County Cedar
(c) City or town Montevilla Mo. Rural
(If outside city or town limits, write "RURAL")
(d) Street No. None
(If rural, give location)
(e) If foreign born, how long in U. S. A? no years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Mar day 11
year 1943 hour 7:15 minute P. M.

21. I hereby certify that I attended the deceased from 2-24, 1943, to 3-11, 1943.
that I last saw her alive on 3-11, 1943.
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Embolism Sudden
Duration

Due to Don't know

Due to Fracture R. Hip. 12/24/43

Other conditions Fracture R. Hip.
(Include pregnancy within 3 months of death)

Major findings:

Of operations
Of autopsy

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)
(b) Date of occurrence 100
(c) Where did injury occur? 100
(City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work? Wife (Specify type of place) (e) Means of injury Wife
23. Signature Wife (M. D. or other)
Address Nevada, Mo Date signed 3/11/43

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

RECEIVED

District Health Officer No. 7,

District File Number

3-43-29

Date Filed

4-6-43

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

Gerald Beery

Licensed Embalmer No.

4203

P. O. Address

Sheldon 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.

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 11764

Registration District No. 360

Primary Registration District No. 3076

Registrar's No. 24

1. PLACE OF DEATH:

(a) County Vernon

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

(c) Name of hospital or institution: Nevada City Hosp.
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____ (Specify whether _____)

In this community _____
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State _____ (b) County _____

(c) City or town _____
(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 E. Steward

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 W

6. (b) Name of husband or wife _____

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

7. Birth date of deceased: Nov 13 1862
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
85	3	15	min.

9. Birthplace: Birtown, Va.
(City, town, or county) (State or foreign country)

10. Usual occupation _____

11. Industry or business _____

MOTHER FATHER

12. Name _____

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

14. Maiden name _____

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

16. (a) Informant _____

(b) Address _____

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

(c) Place: burial or cremation _____

18. (a) Signature of funeral director _____

(b) Address _____

19. (a) _____ (b) _____
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March
year 1943 hour _____ minute _____ M.

21. I hereby certify that I attended the deceased from _____ 19____
that I have examined the body on _____ 19____
and that death occurred on the date and hour stated above.

Immediate cause of death: Coronary Embolism
Sudden

Due to: Heart known

Due to: Fractured hip 2/24/43

Other conditions: Old age
(Include pregnancy within 3 months of death)

Major findings:

Of operations: ✓

Of autopsy: ✓

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) Accident

(b) Date of occurrence 2/24/43

(c) Where did injury occur? at her home
Vernon County, Mo.

(d) Did injury occur in or about home, or in industrial place, in public place?
at her home.

(e) Means of injury Tripped

23. Signature: W. B. Love (M. D. or D. V. M.)
Address: Nevada, Mo. Date signed: 5/3/43

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

SUPPLEMENTARY

S-11764