

ED. JUN 12 1943 41

3021-

Registrar's No. 58

1. PLACE OF DEATH:

(a) County West Plains

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

(c) Name of hospital or institution: Christa Nagans  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 44 yrs (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Howell

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

(d) Street No. R.F.D.  
(If rural, give location)

(e) Citizen of foreign country? 0 (Yes or No)  
If yes, name country 0

3. (a) PRINT FULL NAME Rosie Ann Buff

3. (b) If veteran, name war ✓

3. (c) Social Security No. ✓

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 4 day 17 year 1943 hour 21 minute 30 P.

4. Sex F 5. Color or race W

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

6. (b) Name of husband or wife Paul Buff 6. (c) Age of husband or wife if alive 43 years

7. Birth date of deceased Jan 17 - 99  
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from April 6, 1943, to April 17, 1943; that I last saw her alive on April 17, 1943, and that death occurred on the date and hour stated above.

8. AGE: Years 44 Months 3 Days 10 If less than one day hr. min.

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

Immediate cause of death: General Peritonitis

Due to Perforated Appendix

Due to 12/11

Other conditions (Include pregnancy within 3 months of death)

11. Industry or business

12. Name J. N. Nagel

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

14. Maiden name Mrs. E. Hopkins

15. Birthplace Howell Co. Mo  
(City, town, or county) (State or foreign country)

Major findings of autopsy: Perforated Appendix

Of autopsy: General Peritonitis

PHYSICIAN

Underline the cause to which death should be charged statistically.

16. (a) Informant Paul Buff

(b) Address West Plains, Mo

17. (a) (Burial, cremation, or removal) 10 (b) Date thereof 4-20-43  
(Month) (Day) (Year)

(c) Place: burial or cremation West Plains

18. (a) Signature of funeral director W. H. ...

(b) Address West Plains, Mo

19. (a) 5715-43 (b) Paul Buff  
(Data received local registrar) (Registrar's signature)

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 Paul Buff (Date of death) 4/17/43

Address West Plains, Mo

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

46

RECEIVED

District Health Officer No. 5,

District File Number 643342

Date Filed 6-7-43

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 *D. D. Roberts*

Licensed Embalmer No. *3432*

P. O. Address *Westlake, 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.