

FILED JUN 17 1941

Registration District No. 300

Primary Registration District No. 2076

State File No. \_\_\_\_\_

Registrar's No. 41

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:  
at home  
(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 Missouri (b) County Vernon  
(c) City or town Nevada  
(If outside city or town limits, write "RURAL")  
(d) Street No 228 So. Gay Street  
(If rural, give location)  
(e) Citizen of foreign country? No (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME

Nancy Jane McClinton

3. (b) If veteran,

name war No

3. (c) Social Security

No. 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 Dec 10th 1865  
(Month) (Day) (Year)

8. AGE: Years 77 Months 4 Days 27  
If less than one day hr. min.

9. Birthplace Maeyer Iowa  
(City, town, or county) (State or foreign country)

10. Usual occupation Housekeeper

11. Industry or business \_\_\_\_\_

12. Name Isaac Daylor

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

14. Maiden name Evelyn Burns

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

16. (a) Informant Mrs. Sterling James

(b) Address Nevada Mo.

17. (a) Burial (b) Date thereof 5-3-43  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Newton Burial Park

18. (a) Signature of funeral director Allen E. Kemp

(b) Address Nevada Mo.

19. (a) 5-3-43 (b) Fazel B. Beurch  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 1st  
year 1943 hour 2 minute 45 a.m.

21. I hereby certify that I attended the deceased from 9-9 1943 to 5-1 1943  
that I last saw her alive on 9-9 1943  
and that death occurred on the date and hour stated above.

Immediate cause of death Myocardial infarction due to coronary occlusion.

Due to \_\_\_\_\_  
Due to \_\_\_\_\_

Other conditions g/f a  
(Include pregnancy within 3 months of death)

Major findings:  
Of operations \_\_\_\_\_  
Of autopsy \_\_\_\_\_

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 Braeta Davis (M. D. or other) \_\_\_\_\_  
Address Nevada Mo. Date signed 5-2-43

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

MOTHER FATHER

RECEIVED

District Health Officer No. 71  
District File Number 5-43-575  
Date Filed 6-15-43

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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 Allen J. Leary

Licensed Embalmer No. 1968

P. O. Address Neuada, 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.