S. No. 2
M—2-43
5-17-49
I X35697

FILED SEP 23 1943

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 31440

Registration District No. 72 Primary Registration District No. 4134 Registrar's No. 76

24
0
0

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

1. PLACE OF DEATH:

(a) County CLAY

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

(c) Name of hospital or institution: / 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 LIFETIME
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State MO. (b) County CLAY 24

(c) City or town SMITHVILLE, 0
(If outside city or town limits, write "RURAL") 0

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

(e) Citizen of foreign country? NO (Yes or No)

If yes, name country 0

3. (a) PRINT FULL NAME NANNIE LEE BEERY

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 MARRIED

6. (b) Name of husband or wife CHAS. C. BEERY

6. (c) Age of husband or wife if alive 81 years

7. Birth date of deceased FEB. (Month) 12, (Day) 1868 (Year)

8. AGE: Years 75 Months 6 Days 17 If less than one day hr. min.

9. Birthplace SMITHVILLE, (City, town, or county) MO. 0 (State or foreign country)

10. Usual occupation HOUSEWIFE

11. Industry or business

FATHER
12. Name ROBERT KERN
13. Birthplace UNKNOWN (City, town, or county) 9 (State or foreign country)

MOTHER
14. Maiden name BETTIE YOUNG
15. Birthplace UNKNOWN (City, town, or county) 9 (State or foreign country)

16. (a) Informant CHARLES C. BEERY

(b) Address SMITHVILLE, MO.

17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof 9/3/'43 (Month) (Day) (Year)

(c) Place: burial or cremation SMITHVILLE, MO.

18. (a) Signature of funeral director McConnas Funeral Home

(b) Address Smithville, Mo.

19. (a) Sept 6-'43 (Date received local registrar) (b) Ruth N. Henry (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month SEPT. day 1 year 1943 hour 10:30 minute a M.

21. I hereby certify that I attended the deceased from Oct. 20-1942, 19..., to Sept 1st, 1943 that I last saw h... alive on ..., 19...; and that death occurred on the date and hour stated above.

Immediate cause of death Ch Myocarditis Art Sclerosis

Due to

Due to

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

93d

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?
(Specify type of place)

While at work? (e) Means of injury

23. Signature E B Hobbs MD (M. D. or other) U

Address Smithville, Mo. Date signed 9-2-43

1021

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 8,
District File Number.....
Date Filed 9-22-43

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 S. A. McCormas

Licensed Embalmer No. 2303

P. O. Address Smithville, 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.