

1. PLACE OF DEATH: Georgetown - Cooper, Mo.
 (a) County.....
 (b) City or town.....
 (c) Name of hospital or institution: Royal.
 (If outside city or town limits, write "RURAL" and name of township)
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution. 16 years (Specify whether, years, months or days)

2. USUAL RESIDENCE OF DECEASED:
 (a) State. MO. (b) County. Georgetown
 (c) City or town. Georgetown (If outside city or town limits, write "RURAL")
 (d) Street No. S-E 2 MI (If rural, give location)
 (e) Citizen of foreign country? NO (Yes or No)
 If yes, name country.....

3. (a) PRINT FULL NAME Miss Katherine Nyges
 (b) If veteran, name war. ✓ (c) Social Security No. None

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month Oct day 28 year 1943 hour 8 minute 0 P M.

4. Sex F. 5. Color or race W. 6. (a) Single, widowed, married, divorced MARRIED
 (b) Name of husband or wife Richard G Nyges 6. (c) Age of husband or wife if alive 51 years
 7. Birth date of deceased. JAN 22 1891
 (Month) (Day) (Year)

21. I hereby certify that I attended the deceased from Jan 2 1942 to Feb 28 1943
 that I last saw her alive on Feb. 4 1943
 and that death occurred on the date and hour stated above.

8. AGE:	Years	Months	Days	If less than one day
	<u>52</u>	<u>9</u>	<u>6</u>	hr. min.

Immediate cause of death Carcinoma of the breast
 Due to metastases through vent pelvis.
 Due to.....

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

10. Usual occupation Housewife

11. Industry or business "

MOTHER FATHER
 12. Name. Dr Bam Ballard
 13. Birthplace. NY (City, town, or county) (State or foreign country)
 14. Maiden name. Alice Hall
 15. Birthplace. NY (City, town, or county) (State or foreign country)

16. (a) Informant Mr. H. G. Nyges
 (b) Address Georgetown MO

17. (a) burial (b) Date thereof 10/31/43
 (Burial, cremation, or other) (Month) (Day) (Year)

(c) Place: burial or cremation Georgetown MO

18. (a) Signature of funeral director Lady H. Bullitt
 (b) Address Georgetown MO

19. (a) 10/30/43 (b) American
 (Date received local registrar) (Registrar's signature)

Other conditions (Include pregnancy within 3 months of death) 52 f
 Major findings: Of operations.....
 Of autopsy None

Duration
 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.....
 (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 [Signature] (M. D. or other)
 Address Georgetown MO Date signed 10-30-43

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

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.....

Lester A. Phillips

Licensed Embalmer No.....

1898

P. O. Address.....

Stanton, Md

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.