

No. 2
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5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

35878

State File No. _____

NOV 10 1943

Registration District No. 319

Primary Registration District No. 4469

Registrar's No. 52

1. PLACE OF DEATH:

(a) County St. Genevieve

(b) City or town St. Genevieve Mo.
(If outside city or town limits, write "RURAL" and name of township)

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

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

In this community _____ (Specify whether _____)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Genevieve

(c) City or town St. Genevieve
(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 John F. Nanny

3. (b) If veteran _____ name war _____

3. (c) Social Security No. None

4. Sex male 5. Color or race white

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

6. (b) Name of husband or wife Evelyn Nanny 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased March 30 1875
(Month) (Day) (Year)

8. AGE: 68 Years 6 Months 21 Days If less than one day _____ hr. _____ min.

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

10. Usual occupation Farming

11. Industry or business _____

12. Name John Nanny

13. Birthplace St. Genevieve Co Mo
(City, town, or county) (State or foreign country)

14. Maiden name Jacqueline DeLier

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

16. (a) Informant August Nanny

(b) Address St. Genevieve Mo

17. (a) Burial (b) Date thereof 10-23-43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Perryville Mo

18. (a) Signature of funeral director Volmer & Sons

(b) Address Perryville Mo

19. (a) Oct 22/43 (b) T.W. Douglas
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct day 21 year 1943 hour 5 minute 30 P. M.

21. I hereby certify that I attended the deceased from Oct 14 1943 to Oct 21 1943 that I last saw h. / m. alive on Oct 19 1943 and that death occurred on the date and hour stated above.

Immediate cause of death Labor Pneumonia

Due to _____

Due to _____

Other conditions Cerebral Hemorrhage
(Include pregnancy within 3 months of death)

Major findings: _____

Of operations 108

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 W. Lanning (M. D. or other) MD

Address St. Genevieve Mo Date signed 10/24/43

Duration 10/15/43

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

MOTHER FATHER

NOV 17 1943

NOV 24 1943

RECEIVED

District Health Officer No. 4
District File Number 1143-2901
Date Filed 11-8-43

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 Edward Young
Licensed Embalmer No. 2138
P. O. Address Permyalle 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.