

NOV 10 1943

Registration District No. **360**

Primary Registration District No. **3076**

1. PLACE OF DEATH:

(a) County Nebraska

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

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

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

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Warrick

(c) City or town Deerfield, Mo.  
(If outside city or town limits, write "RURAL")

(d) Street No. Street not named  
(If rural, give location)

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

3. (a) PRINT FULL NAME Jesse Pawley

3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_

4. Sex M 5. Color or race W 6. (a) Single, widowed, married, divorced 2

6. (b) Name of husband or wife Corra Pawley 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased May 7 1877  
(Month) (Day) (Year)

8. AGE: Years 69 Months 5 Days 1 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

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

10. Usual occupation Farming

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

MOTHER FATHER { 12. Name James Pawley

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

14. Maiden name \_\_\_\_\_

15. Birthplace \_\_\_\_\_  
(City, town, or county) (State or foreign country)

16. (a) Informant John Pawley

(b) Address Deerfield, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Oct 13 1943  
(Month) (Day) (Year)

(c) Place: burial or cremation Balltown Cemetery

18. (a) Signature of funeral director Henry General Hunt

(b) Address Nebraska, Mo.

19. (a) 10-26-43 (b)  Hazel B. Burch  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH, Month Oct day 8 year 1943 hour 8:30 minute A M.

21. I hereby certify that I attended the deceased from Oct 4 1943 to Oct 8 1943 that I last saw him alive on Oct 8 1943 and that death occurred on the date and hour stated above.

Immediate cause of death Myocarditis

Due to Don't know

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

Other conditions Kidney Stones  
(Include pregnancy within 3 months of death)

Major findings: Of operations none Of autopsy 134a

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. Love M.D. Address Nebraska, Mo. Date signed Oct 23/43

Duration Don't know

Don't know

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

RECEIVED

District Health Officer No. 7,

District File Number 10-43-1220

Date Filed 1-9-43

---

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 L B Jones

Licensed Embalmer No. 132

P. O. Address Nevada 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.