V. S. No. 2
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Rev. 5-17-39
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JAN 15 1944

Registration District No. 317

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. ~~6062~~ 6062

State File No. 43570

Registrar's No.

1. PLACE OF DEATH:

(a) County St. Clair

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

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

(d) Length of stay: In hospital or institution (Specify whether
In this community 4 Months
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson 48 3

(c) City or town Kansas City
(If outside city or town limits, write "RURAL") 8

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

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

If yes, name country /

3. (a) PRINT FULL NAME Walter S. Nabb

3. (b) If veteran, name war No

3. (c) Social Security No. 510-05-1983

4. Sex Male

5. Color or race White 0

6. (a) Single, widowed, married, divorced Widowed 2

6. (b) Name of husband or wife Effie Josephine Nabb

6. (c) Age of husband or wife if alive 43 years

7. Birth date of deceased February (Month) 20 (Day) 1894 (Year)

8. AGE: Years 49 Months 9 Days 20 If less than one day hr. min.

9. Birthplace ~~Baborer~~ Buffalo (City, town, or county) Kansas (State or foreign country) /

10. Usual occupation Laborer

11. Industry or business

FATHER
12. Name John Nabb
13. Birthplace (City, town, or county) Illinois (State or foreign country) /

MOTHER
14. Maiden name Cora Debb
15. Birthplace (City, town, or county) Not Known (State or foreign country) /

16. (a) Informant Mrs. Walter S. Nabb
(b) Address Collins Missouri

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 12-~~16-43~~ 16-43 (Month) (Day) (Year)
(c) Place: burial or cremation Robinson Cemetery

18. (a) Signature of funeral director Osceola Funeral Home
(b) Address Osceola Missouri

19. (a) 12/12/43 (Date received local registrar) (b) F B Goodrich (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December day 10
year 1943 hour 2 minute A M.

21. I hereby certify that I attended the deceased from
, 19, to , 19;
that I last saw h alive on , 19;
and that death occurred on the date and hour stated above.

Immediate cause of death Heart Block
Myocarditis Hypertension

Due to

Due to

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations None

Of autopsy No

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?
(Specify type of place)
While at work? (e) Means of injury 2

23. Signature Forrest B. Goodrich Coroner (M. D. or other)
Address Osceola Mo Date signed 12/12/43

1150

(Licensed Embalmer's Statement on Reverse Side)

JUN 16 1944

JUL 1 1941

RECEIVED
District Health Officer No. 7
File Number 12-43450 2
Date Filed 1-12-44

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 Paul Firestone

Licensed Embalmer No. 3990

P. O. Address Osceola 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.