S. No. 2
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED FEB 1 1944

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 4796

Registration District No. 370 Primary Registration District No. 6-2-58 454 Registrar's No.

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

1. PLACE OF DEATH:
(a) County Wayne
(b) City or town Greenville
(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 1 (Specify whether
In this community Lifetime
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Wayne 111
(c) City or town Greenville
(If outside city or town limits, write "RURAL")
(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 NANCY JANE RAINWATER
3. (b) If veteran, name war
3. (c) Social Security No.
4. Sex F. 1
5. Color or race W
6. (a) ~~Single~~, widowed, ~~married~~, ~~divorced~~ 2
6. (b) Name of husband or wife George
6. (c) Age of husband or wife if alive — years
7. Birth date of deceased ~~December~~ October 25 (Day) 1858 (Year)

8. AGE: Years 85 Months 1 Days 18 If less than one day hr. min.

9. Birthplace Wayne Co. (City, town, or county) Mo. 0 (State or foreign country)
10. Usual occupation Housewife
11. Industry or business William Clark
FATHER
12. Name Tennessee
13. Birthplace (City, town, or county) (State or foreign country)
MOTHER
14. Maiden name Rebecca Henderson
15. Birthplace Tennessee (City, town, or county) (State or foreign country)
16. (a) Informant Effie Bernard
(b) Address Greenville - Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 12.12.1943 (Month) (Day) (Year)
(c) Place: burial or cremation Nicholson
18. (a) Signature of funeral director Mineral Funeral Home
(b) Address Greenville - Mo.
19. (a) Dec 31 1943 (Date received local registrar) (b) Inez Dennett (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December day 9 year 1943 hour 9 minute 25 P. M.
21. I hereby certify that I attended the deceased from Dec 7 - 1943 to Dec 9 - 1943, that I last saw her alive on Dec 7 - 43 - 19 ; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Influenza	1 wk
Due to	
Due to 33a	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy	

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
23. Signature John F Wagner (M. D. or other) M. D.
Address Greenville, Mo Date signed

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(Licensed Embalmer's Statement on Reverse Side)

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.....

Licensed Embalmer No. 3474

P. O. Address Poplar Bluff

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.