

Registration District No. 107

Primary Registration District No. 3019

Registrar's No. 39

1. PLACE OF DEATH
 (a) County Dunklin
 (b) City or town Kennett
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: 301 King St. 1
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution _____
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:
 (a) State Missouri (b) County Dunklin
 (c) City or town Kennett
(If outside city or town limits, write "RURAL")
 (d) Street No. 301 King St.
(If rural, give location)
 (e) Citizen of foreign country? _____ (Yes or No)
 If yes, name country _____

3. (a) PRINT FULL NAME Nancy Riley
 3. (b) If veteran, name war _____
 3. (c) Social Security No. _____

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Widowed
 6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years
 7. Birth date of deceased Sept. 22 1895
(Month) (Day) (Year)

8. AGE: Years 68 Months 4 Days 23 hr. _____ min. _____
If less than one day

9. Birthplace Spencer Co. Ind. _____
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business _____

MOTHER FATHER
 12. Name L. Masterson
 13. Birthplace Ind. _____
(City, town, or county) (State or foreign country)
 14. Maiden name Mattie Masterson
 15. Birthplace Ind. _____
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. C. R. Settlements
 (b) Address Kennett Mo.

17. (a) Burial (b) Date thereof 2/17/44
(Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial Oak Ridge Cemetery

18. (a) Signature of funeral director Paul Baldwin
 (b) Address Rectory, Mo.

19. (a) 2-18-44 (b) J. Lewis Baldwin
(Date received local registrar) (Registrator's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. day 25
 year 1944 hour _____ minute _____ M.

21. I hereby certify that I attended the deceased from Feb 9 1944, to Feb 15 1944
 that I last saw her alive on Feb 15 1944
 and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral apoplexy
 Duration _____

Due to _____

Due to _____

Other conditions _____
(Include pregnancy within 3 months of death)

Major findings: _____
 Of operations _____
 Of autopsy _____
 PHYSICIAN J. Zol
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) no

(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 0

23. Signature Paul Baldwin (M. D. or other) M.D.
 Address Kennett Mo. Date signed 2-17-44

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

5
2
2

RECEIVED

District Health Office No. 2,

District File Number 244-403

Date Filed 3-3-44

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.....

Licensed Embalmer No.....

P. O. Address.....

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.