

FILED JUL 20 1944

Registration District No. **778**

Primary Registration District No. **5666**

Registrar's No. **66**

1. PLACE OF DEATH:

(a) County **Lewis**  
(b) City or town **Union, Township**  
(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  
In this community **78 4 7** (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Lewis** **56**  
(c) City or town **Union, Township** **0**  
(If outside city or town limits, write "RURAL") **0**  
(d) Street No. (If rural, give location)  
(e) Citizen of foreign country? **No** (Yes or No)  
If yes, name country **0**

3. (a) PRINT FULL NAME

**Nancy Gnuse**

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 **John F. Gnuse**

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

7. Birth date of deceased **February 9th, 1866**  
(Month) (Day) (Year)

8. AGE: Years **78** Months **4** Days **7** If less than one day hr. min.

9. Birthplace **Lewis County Missouri**  
(City, town, or county) (State or foreign country)

10. Usual occupation **At Home**

11. Industry or business

12. Name **S. J. Smyser**

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

14. Maiden name **Hanna Bourne**

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

16. (a) Informant **Louise Waring**  
(b) Address **La Grange, Missouri**

17. (a) **Removal** (b) Date thereof **6/18/44**  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Manseloum, Quincy, Ill.**

18. (a) Signature of funeral director **M. Roberts**  
(b) Address **La Grange, Missouri**

19. (a) **6/17/44** (b) **P. W. Jennings**  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **JUNE** day **16**  
year **1944** hour **1** minute **00 P.M.**

21. I hereby certify that I attended the deceased from **MAY 25**  
**1944** to **JUNE 16**, 19**44**  
that I last saw h. **ER** alive on **JUNE 16**, 19**44**  
and that death occurred on the date and hour stated above.

Immediate cause of death **CEREBRAL THROMBOSIS**

Due to

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations

Of autopsy

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?

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

23. Signature **W. P. E. [Signature]** (M. D. or other)

Address **La Grange, Mo** Date signed **6/17/44**

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

56000

987

NOV 28 1944

AUG 23 1944

FEB 28 1944

**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.....

**A. A. Roberts**

....., Registered Apprentice No.....

working under my personal supervision.

Signed.....



Licensed Embalmer No. **1626**.....

P. O. Address **La Grange, Missouri.**.....

**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.**