

FILED OCT 13 1944

State File No. _____
 Registrar's No. 152

Registration District No. 260

Primary Registration District No. 6225

1. PLACE OF DEATH:

(a) County Polk
 (b) City or town Rural Washington
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
State Hospital #3
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution
 In this community 1 yr 6 mo 4 days (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Laclede
 (c) City or town Lebanon 107
 (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 KATHERINE PAPPEN

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

4. Sex Female 5. Color or race white
 6. (a) Single, widowed, married, divorced Widow
 6. (b) Name of husband or wife Deceased 6. (c) Age of husband or wife if alive 11 - 1 - 1890 years (Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
73 10 14 hr. min.

9. Birthplace Miller Co. Mo (City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business None

12. Name Lease Robnett

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

14. Maiden name Willa C. Morris

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

16. (a) Informant Mrs W. T. Richardson

(b) Address Lebanon Mo

17. (a) Removal (b) Date thereof Sept 15 1944 (Month) (Day) (Year)

(c) Place: burial or cremation Columbian Mos

18. (a) Signature of funeral director Ray Turner (Specify type of place) While at work (b) Address Nevada Mo (c) Means of injury

19. (a) 9-15-44 (b) Floyd B. Beurek (Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 15 1944
 year 1944 hour 2 minute 0 A. M.

21. I hereby certify that I attended the deceased from Oct 1, 1943 to Sept 15, 1944
 that I last saw him alive on Sept 14, 1944
 and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Arteriosclerosis Duration 1 1/2 yr

Due to _____

Due to _____

Other conditions Psychosis (Include pregnancy within 3 months of death) 1 1/2 yr

Major findings: Of operations ✓

Of autopsy no

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? _____

23. Signature R. G. Kelle (M. D. or other)

Address Nevada Mo Date signed 9/27/44

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

10800

1331

RECEIVED

Office Number 9-44-1170
Date Filed 10-11-44

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 Allen S. Kays

Licensed Embalmer No. 1968

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.