

FILED OCT 10 1944

Registration District No. _____

Primary Registration District No. 4057

1. PLACE OF DEATH:

(a) County Butler
(b) City or town Quin
(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 _____ (Specify whether)
In this community 64 years
years, months or days

3. (a) PRINT FULL NAME John R. Nentrup

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

4. Sex Male 5. Color or race white 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if _____ years
Aoma Nentrup 46
7. Birth date of deceased August 25 1880
(Month) (Day) (Year)

8. AGE: Years 64 Months 1 Days 7 If less than one day hr. _____ min. _____

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

10. Usual occupation Retired Merchant

11. Industry or business _____

MOTHER FATHER { 12. Name George Nentrup
13. Birthplace Indiana
(City, town, or county) (State or foreign country)
14. Maiden name Louie Shrout
15. Birthplace Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant Aoma Nentrup
(b) Address Quin, Mo.

17. (a) burial (b) Date thereof Oct. 4 1944
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation City Cemetery
18. (a) Signature of funeral director Greer Croy
(b) Address Poplar Bluff, Mo.

19. (a) 10-3-44 (b) Belle Kinn
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Butler
(c) City or town Quin
(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 _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct day 2
year 1944 hour 6 minute 20 P. M.

21. I hereby certify that I attended the deceased from March 1
1944 to Oct 2 1944
that I last saw living alive on Oct 2 1944
and that death occurred on the date and hour stated above.

Immediate cause of death Pulmonary Tuberculosis 2yr
Duration _____

Due to _____
Due to _____

Other conditions no
(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? _____

While at work? _____ (Specify type of place) (e) Means of injury _____
23. Signature Loeff Cook (M. D. or other) _____
Address Quin Mo Date signed 10/2/44

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

200

92

RECEIVED

District Health Office No. 2

District File Number 244-1378

Date Filed 10-12-44

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 Alfred W. Greer

Licensed Embalmer No. 1027

P. O. Address Poplar Bluff, 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.