

FILED OCT 19 1944

Registration District No. 377

Primary Registration District No. 4503

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

1. PLACE OF DEATH:

(a) County WRIGHT

(b) City or town MANSEFIELD  
(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 3 MONTHS  
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County WRIGHT 114

(c) City or town MANSEFIELD MO  
(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 John Benjamin NUTSON

3. (b) If veteran, name war NONP

3. (c) Social Security No. NONP

4. Sex MALE 5. Color or race WHITE

6. (a) Single, widowed, married, divorced WIDOWED

6. (b) Name of husband or wife ZORA RAINBY NUTSON

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

7. Birth date of deceased April 24 1891  
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<u>73</u>	<u>4</u>	<u>24</u>	hr. _____ min. _____

9. Birthplace WRIGHT Co MISSOURI  
(City, town, or county) (State or foreign country)

10. Usual occupation FARMER

11. Industry or business \_\_\_\_\_

MOTHER FATHER

12. Name VIVIAN NUTSON

13. Birthplace NOT KNOWN 9  
(City, town, or county) (State or foreign country)

14. Maiden name MARY A. RUSH

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

16. (a) Informant W. T. NUTSON

(b) Address MANSEFIELD MO

17. (a) BURIAL (b) Date thereof SEPT 20 1944  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Bryles Cemetery

18. (a) Signature of funeral director J. D. Steffe

(b) Address MANSEFIELD MO

19. (a) Oct-1-1944 (b) S. L. Hensley  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month SEPT day 18  
year 1944 hour 7 minute A. M.

21. I hereby certify that I attended the deceased from Sept 17 1944 to Sept 18 1944  
that I last saw him alive on Sept 17 1944  
and that death occurred on the date and hour stated above.

Immediate cause of death Chronic Granular Heart Disease

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions (Include pregnancy within 3 months of death) 92d

Major findings:  
Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

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)

(c) Means of injury 2

23. Signature M. J. [unclear] (M. D. or other) Do  
Address Mansefield Mo Date signed 9/20/44

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

RECEIVED

District Health Officer No. 6,

District File Number 1044-1050

Date Filed OCT 16 1944

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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

*W. A. Steffen*

Licensed Embalmer No. 3221

P. O. Address W. Mansfield, Ind.

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.