

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. _____

FILED JAN 9 1945

Registration District No. _____

Primary Registration District No. 4056

Registrar's No. 389

1. PLACE OF DEATH:

(a) County Butler
(b) City or town FISIK
(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 35 yrs years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Butler
(c) City or town FISIK
(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 Ann Young

3. (b) If veteran, name war _____ 3. (c) Social Security No. None

4. Sex F 5. Color or race W 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Wm Young 6. (c) Age of husband or wife if alive 78 years
7. Birth date of deceased Sept 29 1871
(Month) (Day) (Year)

8. AGE: Years 73 Months 2 Days 4 If less than one day _____ hr. _____ min.

9. Birthplace Hamilton County Ill
(City, town, or county) (State or foreign country)

10. Usual occupation housewife

11. Industry or business _____

12. Name Pullman

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

14. Maiden name Unknown

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

16. (a) Informant Wm Young

(b) Address FISIK MO

17. (a) Burial (b) Date thereof 12-4-44
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Poplar Bluff, Mo

18. (a) Signature of funeral director M. S. Shain

(b) Address FISIK MO

19. (a) 12-4-44 (b) Belle Kinnard
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 3rd year 1944 hour 9 minute A.M.

21. I hereby certify that I attended the deceased from Nov. 3rd 1944 to Dec 2nd 1944;
that I last saw h.e.r. alive on Dec 2nd 1944;
and that death occurred on the date and hour stated above.

Immediate cause of death Left ventricular failure Duration _____

Due to Chronic Myocarditis

Due to _____

Other conditions (Include pregnancy within 3 months of death) 93rd

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 _____

Signature Edson C. H. Hill (D. or other) ed

Address Fisik Mo Date signed 12-4-44

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

MOTHER FATHER

FEB 20 1945

RECEIVED

County Health Office No. 2
District File Number 145-42
Date Filed 1-5-45

MAR 22 1945

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 M. 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.