

FILED JAN 25 1943

Registration District No. 616-3246

Primary Registration District No. 3-4-1016 3

1. PLACE OF DEATH:

(a) County Stone CO
(b) City or town Billings B - 1
(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
In this community 1
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Stone MO
(c) City or town Billings B - 1
(If outside city or town limits, write "RURAL")
(d) Street No. 1
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Mrs. CHRISTIANNA NAGEL

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

4. Sex F 5. Color or race White
6. (b) Name of husband or wife Nicholas Nagel
6. (c) Age of husband or wife 76 years
7. Birth date of deceased Dec 24 1865
(Month) (Day) (Year)

8. AGE: Years 77 Months 1 Days 5 If less than one day hr. min.

9. Birthplace Germany IT (City, town, or county) (State or foreign country)

10. Usual occupation House work

11. Industry or business

MOTHER FATHER { 12. Name No Knowledge
13. Birthplace IT
14. Maiden name Caroline Bollinger
15. Birthplace No Knowledge IT
(City, town, or county) (State or foreign country)

16. (a) Informant Amelia Nagel
(b) Address Billings B - 1
17. (a) Smart Clinic (b) Date thereof (Month) (Day) (Year)

(c) Place: burial or cremation Smart Cemetery
18. (a) Signature of funeral director Wallace Funeral Home
(b) Address Billings MO
19. (a) 1-30-43 (b) Stacy manroe
(Data received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 29th
year 1943 hour 7th minute 15 M.

21. I hereby certify that I attended the deceased from Jan. 17 1943 to Jan 29 1943
that I last saw her alive on Jan 28 1943
and that death occurred on the date and hour stated above.

Immediate cause of death Chronic Senile nephritis?
Due to Chronic Endocarditis

Due to
Other conditions (Include pregnancy within 3 months of death)
Major findings: Of operations 131 b
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?

23. Signature Wayne H. Gamm (M.D. or other)
Address Marionville, Mo. Date signed 1/29/43

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

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FILED

RECEIVED
District Health Officer No. 6;
District File Number 143-106
Date Filed JAN 22 1945

JAN 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 me

Registered Apprentice No.

working under my personal supervision.

Ear Wallace Funeral Home

Signed C. J. Lloyd

Licensed Embalmer No. 3527

P. O. Address

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.