

FILED NOV 10 1945

Registration District No. 137

Primary Registration District No. 5579

Registrar's No. 156

1. PLACE OF DEATH:

(a) County Henry
(b) City or town Urich
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Rural, White Oak Trp 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution.....
(Specify whether
In this community.....
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Henry
(c) City or town near Urich
(If outside city or town limits, write "RURAL")
(d) Street No. 0
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country.....

3. (a) PRINT FULL NAME ABRAM F. Nowell

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

4. Sex MALE 5. Color or race white 6. (a) Single, widowed, married, divorced widowed
6. (b) Name of husband or wife Ramsey T. 6. (c) Age of husband or wife if alive..... years
7. Birth date of deceased February 7 1855
(Month) (Day) (Year)

8. AGE: Years 92 Months 8 Days 7 If less than one day hr. min.

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

10. Usual occupation Farmer

11. Industry or business.....

12. Name Gilbert Marion Nowell
13. Birthplace Hickory Mo
(City, town, or county) (State or foreign country)
14. Maiden name Smy Nowell
15. Birthplace Hickory Mo
(City, town, or county) (State or foreign country)

16. (a) Informant J. M. Nowell
(b) Address Parsons Kans

17. (a) Burial (b) Date thereof Oct 16 1945
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Stone Chapel

18. (a) Signature of funeral director W. J. Shover
(b) Address Urich Mo

19. (a) 10-17-45 (b) R. P. Kessney
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 14 1945
year..... hour 1:30 minute 9 P. M.

21. I hereby certify that I attended the deceased from October 10
1945 to October 14 1945
that I last saw him alive on Oct 14 1945
and that death occurred on the date and hour stated above.

Immediate cause of death Labor Pneumonia Duration 15.5 hr
R. Lung

Due to Influenza, & Senility 3 days

Due to.....

Other conditions.....
(Include pregnancy within 3 months of death)

Major findings:
Of operations.....
Of autopsy.....
108

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 J. G. McDonald (M. D. or other).....
Address Urich Mo Date signed 10-16-45

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

RECEIVED

with DISPOSTION
10-45-408
11-9-40

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 P. R. Kenney

Licensed Embalmer No. 3099

P. O. Address Clinton 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.