S. No. 2
M—2-43
5-17-39
I X35697

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED NOV 8 1945

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. S 34928

Registration District No. 360 Primary Registration District No. 3076 Registrar's No. 124

1. PLACE OF DEATH:

(a) County Vernon

(b) City or town Nevada
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 709 N Ash 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 58 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Vernon 108

(c) City or town Nevada 1
(If outside city or town limits, write "RURAL")

(d) Street No. 709 N Ash Street 2
(If rural, give location) 0

(e) Citizen of foreign country? No (Yes or No)

If yes, name country .....

3. (a) PRINT FULL NAME Jennie Oswald

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

4. Sex Fm 1 5. Color or race N 6. (a) ~~Single~~, widowed, ~~married~~, ~~divorced~~ 2

6. (b) Name of husband or wife John Henry Oswald 6. (c) Age of husband or wife if alive ..... years

7. Birth date of deceased November (Month) 24 (Day) 1856 (Year)

8. AGE: Years 88 Months 10 Days 11 If less than one day ..... hr. ..... min.

9. Birthplace Putnam Co. (City, town, or county) Missouri (State or foreign country)

10. Usual occupation Housewife

11. Industry or business .....

FATHER
12. Name Sylvester Collins
13. Birthplace unknown (City, town, or county) 9 (State or foreign country)

MOTHER
14. Maiden name Harriett Valentine
15. Birthplace unknown (City, town, or county) 9 (State or foreign country)

16. (a) Informant C. L. Oswald 1
(b) Address Franklin Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Oct. 7 1945 (Month) (Day) (Year)
(c) Place: burial or cremation Clicks Cemetery

18. (a) Signature of funeral director Henry Funeral Home
(b) Address Nevada, Mo

19. (a) 10-24-45 (Date received local registrar) (b) Kathryn Yancey (Registrar's signature)

1499

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct day 5
year 1945 hour 7 minute P M.

21. I hereby certify that I attended the deceased from Oct 4, 1945, to Oct 5, 1945
that I last saw her alive on Oct 4, 1945
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Myocarditis.	Several years
Due to: Dont Know.	
Due to:	93
Other conditions: advanced age. (Include pregnancy within 3 months of death)	

Major findings:
Of operations: none
Of autopsy: none

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? (Specify type of place)
While at work? ..... (e) Means of injury ✓

23. Signature W. Love MD (M. D. or other)
Address Nevada, Mo Date signed Oct 6/45

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Office No. 7,
District File No. 10-40-1066
Date Filed 11-7-40

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 Me

, Registered Apprentice No.

working under my personal supervision.

Signed T B Ferry

Licensed Embalmer No. 760

P. O. Address Nevada 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.