S. No. 2
0M—2-43
v. 5-17-39
I X35697

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 37239

Registration District No. D 1300 3 1945 — Primary Registration District No. 5468 — Registrar's No. 4

1. PLACE OF DEATH:

(a) County Greene
(b) City or town Rogersville, Rural Taylor 25
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 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 Missouri (b) County Greene
(c) City or town Rogersville, Rural Taylor 25.
(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 ANNA Belle Nye
3. (b) If veteran, name war
3. (c) Social Security No.
4. Sex Female
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife George
6. (c) Age of husband or wife if alive 56 years
7. Birth date of deceased Sept. (Month) 2 (Day) 1899 (Year)

8. AGE:	Years	Months	Days	If less than one day
	46	2	22	hr. min.

9. Birthplace unkown (City, town, or county) 7 (State or foreign country)
10. Usual occupation Housewife
11. Industry or business
FATHER
12. Name McCord
13. Birthplace unkown (City, town, or county) 7 (State or foreign country)
MOTHER
14. Maiden name unkown
15. Birthplace unkown (City, town, or county) 7 (State or foreign country)
16. (a) Informant George Nye
(b) Address Rogersville, Mo. R#3
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Nov. 24-45 (Month) (Day) (Year)
(c) Place: burial or cremation Panther Valley Cem
18. (a) Signature of funeral director Kelley-Ferrell
(b) Address Rogersville Mo.
19. (a) Nov 29-45 (Date received local registrar) (b) Harry E. Grier (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 22 year 1945 hour 6 minute 20 A. M.
21. I hereby certify that I attended the deceased from Nov. 20, 1945, to Nov. 22, 1945, that I last saw her alive on Nov. 20, 1945, 19 ; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Pulmonary Tuberculosis	Unknown
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
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? (Specify type of place)
While at work? FRED A. STAHL, M.D. 807 WOODRUFF BLDG. SPRINGFIELD, MISSOURI
23. Signature [signature] (M. D. or other) M.D.
Address Springfield, Mo. Date signed 11-27-45

1450

(Licensed Embalmer's Statement on Reverse Side)

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 K. H. Kelley

Licensed Embalmer No. 3334

P. O. Address Seymour 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.