

FILED DEC 8 1945

Registration District No. 167

Primary Registration District No. 5607

Registrar's No. 51

1. PLACE OF DEATH:

(a) County Johnson
(b) City or town Rural (Kingsville twp)
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Route #1, Kingsville, Mo.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution none
(Specify whether
In this community 23 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Johnson
(c) City or town RURAL
(If outside city or town limits, write "RURAL")
(d) Street No. Route #1, Kingsville, Mo.
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country XXXX

3. (a) PRINT FULL NAME HELEN LOUISE NETTLES

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

4. Sex female 5. Color or race white 6. (a) Single, widowed, married, divorced, widowed
6. (b) Name of husband or wife Alonzo Nettles 6. (c) Age of husband or wife if alive dec'd years
7. Birth date of deceased December 9, 1856
(Month) (Day) (Year)

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

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

10. Usual occupation at home

11. Industry or business same

12. Name Hiram Brock
13. Birthplace unknown Ohio
(City, town, or county) (State or foreign country)
14. Maiden name Linder
15. Birthplace unknown 9
(City, town, or county) (State or foreign country)

16. (a) Informant Charles Hoover
(b) Address Kingsville, Mo.

17. (a) Burial (b) Date thereof Nov. 18, 1945
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Elm Springs

8. (a) Signature of funeral director Canaday and Ropp
(b) Address Holden, Missouri

9. (a) Dec 1, 1945 (b) W. O. Redford
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov day 17
year 1945 hour 2/40 minute A M.

21. I hereby certify that I attended the deceased from Jan
1940 to Nov 17 1945
that I last saw her alive on Nov 16 1945
and that death occurred on the date and hour stated above.

Immediate cause of death

Acute Endocarditis
Due to Chronic myocarditis
Due to Parenchymatous nephritis
Other conditions:
(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy 78!

Duration

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)
(c) Means of injury
23. Signature James W. Holmberg (M. D. or other)
Address Holden, Mo. Date signed 11/27/45

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

MOTHER FATHER

1511

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..... *Samuel B Ropp*
Licensed Embalmer No..... *4044*
P. O. Address..... *Holden Md*

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.