. S. No. 2
M—8-43
v. 5-17-39
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JAN 14 1946

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 41052

Registration District No. 98 Primary Registration District No. 5359 Registrar's No. 102

1. PLACE OF DEATH:
(a) County Daviess
(b) City or town "Rural" Grand River Twp.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
½ Mile South Jameson, Mo.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether
In this community 4 Years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Daviess
(c) City or town Rural Grand River Twp
(If outside city or town limits, write "RURAL")
(d) Street No. 1 Half Mile South Jameson
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

31
0
0

3. (a) PRINT FULL NAME Mary Elizabeth Nighswonger
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 Married
6. (b) Name of husband or wife Charles Nighswonger
6. (c) Age of husband or wife if alive 89 years
7. Birth date of deceased JANUARY (Month) 13 (Day) 1861 (Year)

8. AGE: Years 84 Months 10 Days 14 If less than one day hr. min.

9. Birthplace Appanoose County (City, town, or county) Iowa (State or foreign country)
10. Usual occupation At Home
11. Industry or business
FATHER
12. Name John P. Jennings
13. Birthplace Unknown (City, town, or county) Virginia (State or foreign country)
MOTHER
14. Maiden name Mary S. Howell
15. Birthplace Unknown (City, town, or county) Virginia (State or foreign country)
16. (a) Informant Mrs. Zola B. Mills
(b) Address Jameson, Missouri
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 11-30-1945 (Month) (Day) (Year)
(c) Place: burial or cremation Brown Cemetery
18. (a) Signature of funeral director Hope Funeral Home
(b) Address Gallatin, Mo.
19. (a) 12-4-45 (Date received local registrar) (b) Virginia M Engelhart (Registrar's signature)

MEDICAL CERTIFICATION

20. **DATE OF DEATH:** Month November day 27
year 1945 hour 10 minute 20 A M.
21. I hereby certify that I attended the deceased from Sept 1, 1945, to , 19 ;
that I last saw her alive on Nov 26 1945;
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Cardio-vascular renal disease, arterial sclerosis. Senile dementia	2 yrs.
Due to uremic poisoning	
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.

13/W

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 2
23. Signature H W Bailey (M.D. or other)
Address Gallatin Mo. Date signed 12-3-45

1559

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 11,
District File Number _____
Date Filed _____

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 L. O. Richisson

Licensed Embalmer No. 3307

P. O. Address Gallatin, 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.