

FILED MAR 15 1946
Registration District No. 185

Primary Registration District No. 4300

State File No. _____
Registrar's No. 15

1. PLACE OF DEATH:

(a) County Linn

(b) City or town Laclede
(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 years, months or days)

In this community 45 years

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Linn 58

(c) City or town Laclede 0
(If outside city or town limits, write "RURAL")

(d) Street No. _____ (If rural, give location) 0

(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME NELLIE ADELINE TAPSCOTT

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

MEDICAL CERTIFICATION

20. DATE OF DEATH Month FEB day 10
year 1946 hour 4 minute 30 P M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Husband 6. (c) Age of husband or wife if alive 77 years

7. Birth date of deceased March 22 1871
(Month) (Day) (Year)

that I last saw h. _____ alive on _____, 19____; and that death occurred on the date and hour stated above.

Immediate cause of death Burns Duration _____
accidental Burns in
home while alone and

8. AGE: Years Months Days If less than one day

74 11 18 hr. min.

Due to an invalid

Due to _____

9. Birthplace Knox County Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation at home

Other conditions _____ (include pregnancy within 3 months of death)

Major findings: _____

Of operations _____

Of autopsy _____

11. Industry or business _____

12. Name Silas Plunkett

13. Birthplace Missouri
(City, town, or county) (State or foreign country)

14. Maiden name Rosa Stags

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

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) accident 58

(b) Date of occurrence FEB. 10 - 1946

(c) Where did injury occur? LACLEDE LINN MO.
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? HOME

16. (a) Informant Mrs Joe Hamilton

(b) Address 1630 Hedges Independence MO

17. (a) Burial (b) Date thereof Feb. 12, 1946
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Laclede, Mo.

18. (a) Signature of funeral director W. J. Shuman

(b) Address Laclede, Mo.

19. (a) FEB 11-1946 (b) Chris A. Martens
(Date received local registrar) (Registrar's signature)

While at work? No (Specify type of place) (c) Means of injury BURNED

23. Signature Chris A. Martens, Local Registrar
(If, D or other)

Address Meadville Mo. Date signed 2/11/46

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

MOTHER FATHER

DISTRICT HEALTH OFFICE
Cameron, Mo.

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

Mr. Thorne

, Registered Apprentice No. 2876

working under my personal supervision.

Signed

Mr. Thorne

Licensed Embalmer No. 2876

P. O. Address Laclede, 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.