

Merle
S. No. 7
OM-5-43
v. 5-17-39
I X36671

State File No. _____

Registration District No. 360

Primary Registration District No. 3076

Registrar's No. 65

1. PLACE OF DEATH:

(a) County Vernon

(b) City or town Nevada 822 N. Ash
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
At home
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____
In this community 22 years (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Vernon

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

(d) Street No. 822 N. Ash Street
(If rural, give location)

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

3. (a) PRINT FULL NAME Thomas B. Dinning

3. (b) If veteran, name war None

3. (c) Social Security No. None

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 4 day 25 year 1946 hour 11 minute A M.

21. I hereby certify that I attended the deceased from Oct 1945 to 4-25 1946
that I last saw him alive on 4-25 and that death occurred on the date and hour stated above.

4. Sex Male 5. Color or race White

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Anna Audrey Dinning

6. (c) Age of husband or wife if alive 63 years

7. Birth date of deceased: Sep 1873
(Month) (Day) (Year)

Immediate cause of death Cerebral hemorrhage

Due to Hypertension

Due to Arteriosclerosis

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

Major findings:
Of operations _____
Of autopsy _____

8. AGE:

Years	Months	Days	If less than one day
<u>72</u>	<u>7</u>	<u>21</u>	hr. _____ min. _____

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

10. Usual occupation Carpenter

11. Industry or business _____

12. Name James B. Dinning

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

14. Maiden name Sarah Ann Twitchler

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

16. (a) Informant Mrs. Elva Dinning

(b) Address Nevada Mo.

17. (a) Burial (b) Date thereon Apr 27 1946
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Winton Burial Park

18. (a) Signature of funeral director Ways Funeral Service

(b) Address Nevada Mo.

19. (a) 4-30-46 (b) Rathiga Jancy
(Date received local registrar) (Registrar's signature)

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) (e) Means of injury _____

23. Signature F. L. Marbury (M. D. or other) M.D.
Address Nevada Mo. Date signed 4-30-46

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

RECEIVED
District Health Officer No. 7,
District File Number 4-46-438
Date Filed 5-15-46

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 Allen E. Hayes
Licensed Embalmer No. 1968
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.