

FILED MAY 17 1946

Registration District No. 12

Primary Registration District No. 4543

Registrar's No. 9

1. PLACE OF DEATH:

(a) County Webster
(b) City or town Seymour
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Home
(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 Webster 112
(c) City or town Seymour 0
(If outside city or town limits, write "RURAL")
(d) Street No. (If rural, give location) 0
(e) Citizen of foreign country? (Yes or No) 0
If yes, name country

3. (a) PRINT FULL NAME Nancy Mason Carrick

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 Widowed

6. (b) Name of husband or wife..... 6. (c) Age of husband or wife if

7. Birth date of deceased: Feb 18 1864
(Month) (Day) (Year)

8. AGE: Years 82 Months 1 Days 13 If less than one day
hr. min.

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

10. Usual occupation House Keeper

11. Industry or business.....

MOTHER FATHER

12. Name Shadrack Upchurch 9

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

14. Maiden name Gale Craig

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

16. (a) Informant Raymond Carrick

(b) Address Seymour

17. (a) Burial (b) Date thereof: Apr 13 1946
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Day Cemetery

18. (c) Signature of funeral director Kelley Farnell Beckman

(b) Address Seymour Mo

19. (a) May 6 - 46 (b) Gilbert Jones
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 4-1 day
year 1946 hour 5:30 minute A M.

21. I hereby certify that I attended the deceased from 3-1
1946 to 4-1 1946
that I last saw her alive on 3-25 1946
and that death occurred on the date and hour stated above.

Immediate cause of death.....

Due to arteriosclerosis

Due to age

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?.....

While at work? (Specify type of place) (e) Means of injury.....

23. Signature E. J. Beers (M. D. or other).....

Address Seymour Mo Date signed 4-12-46

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

RECEIVED

District Health Officer No. 6,

District File Number 546-590

Date Filed MAY 15 1946

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 H. 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.