

FILED JUL 11 1946

Registration District No. 37

Primary Registration District No. 5107

Registrar's No. 9

1. PLACE OF DEATH:

(a) County Benton
(b) City or town Rural Lincoln
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: None
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 30 Yrs. (Specify whether years, months or days)
In this community 30 Yrs.

3. (a) PRINT FULL NAME

Nellie Mc.Nutt

3. (b) If veteran, name war No

3. (c) Social Security No. No

4. Sex Female 5. Color or race White

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

6. (b) Name of husband or wife Leroy McNutt

6. (c) Age of husband or wife if alive 59 years

7. Birth date of deceased Aug 11 1887
(Month) (Day) (Year)

8. AGE: Years 58 Months 9 Days 23
If less than one day hr. min.

9. Birthplace Sedalia rural Mo.
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business

12. Name G.W. Funk

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

14. Maiden name Belle Walker

15. Birthplace Sedalia Rural Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant Leroy McNutt

(b) Address Warsaw No.

17. (a) Burial (b) Date thereof June 6 1946
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Antioch Manilla Mo.

18. (a) Signature of funeral director J.B. Calbert

(b) Address Lincoln Mo.

19. (a) June 12 1946 (b) Pauline Hanna
(Date received from Registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Benton
(c) City or town Rural Lincoln
(If outside city or town limits, write "RURAL")
(d) Street No. 8
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 4
year 1946 hour 8:30 minute A M.

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

Immediate cause of death Cerebral Hemorrhage Duration 3 hrs.

Due to _____

Due to _____

Other conditions (Include pregnancy within 3 months of death)

Major findings:

Of operations 830
Of autopsy 2

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 9

23. Signature W. W. W. W. (M. D. or other) DO
Address Warsaw, Mo. Date signed 6/4/46

27

(Licensed Embalmer's Statement on Reverse Side)

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

18873

RECEIVED

District Health Officer No. 1,

District File No. 6-46-698

Date Filed 7-9-46

MAR 11 1959

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 John Reese,
my neighbor, Registered Apprentice No. _____,
working under my personal supervision.

Signed John F. Reese
Licensed Embalmer No. 4098
P. O. Address Tharsacker

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.

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUSTHE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

Registrar's No.

Registration District No. 31Primary Registration District No. 5107

1. PLACE OF DEATH:

- (a) County Benton
 (b) City or town Rural
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:

(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)

3. (a) PRINT
FULL NAMENellie Mc Nutt

3. (b) If veteran,
 name war _____

3. (c) Social Security
 No. _____

4. Sex F 5. Color or
 race W

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

7. Birth date of deceased aug 11
 (Month) (Day) (Year)

8. AGE: Years 58 Months 9 Days 2 If less than one day
 hr. _____ min.

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

10. Usual occupation

11. Industry or business

12. Name _____

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

14. Maiden name _____

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

16. (a) Informant _____

- (b) Address _____

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

- (c) Place: burial or cremation _____

18. (a) Signature of funeral director _____

- (b) Address _____

19. (a) _____ (b) Pauline Harmon
 (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

- (a) State _____ (b) County _____
 (c) City or town _____
 (If outside city or town limits, write "RURAL")
 (d) Street No. _____ (If rural, give location)
 (e) Citizen of foreign country? _____ (Yes or No)
 If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan
 year 1946 hour _____ minute _____ M.

21. I hereby certify that I attended the deceased from _____ to _____, 19____;
 that I last saw him alive on _____, 19____;
 and that death occurred on the date and hour stated above.
 Immediate cause of death _____

Duration

- Due to _____

- 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 sta-
 tistically.

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 _____ (M. D. or other)

- Address _____ Date signed _____

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

19447