

FILED **WV 78 1946**

Primary Registration District No. **4466**

Registrar's No. **1388**

1. PLACE OF DEATH:

(a) County St. Louis
(b) City or town Shrewsbury
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
7723 Suffolk Ave.
(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 Platte
(c) City or town Camden Point
(If outside city or town limits, write "RURAL")
(d) Street No.....
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country.....

3. (a) PRINT FULL NAME Nancy I. Nutt

3. (b) If veteran, name war no 3. (c) Social Security No. none

4. Sex female 5. Color or race white 6. (a) Single, widowed, married, divorced widowed

(b) Name of husband or wife George W. Nutt 6. (c) Age of husband or wife if alive..... years

7. Birth date of deceased Feb. 18 1872
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
74 4 II hr. min.

9. Birthplace Mc. Lean County Illinois
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business at Home

12. Name John Whiteman

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

14. Maiden name Helen Stetch

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

16. (a) Informant Mrs. J. W. Stafford

(b) Address 7723 Suffolk Ave.

17. (a) Removal (b) Date thereof July 1 1946
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Camden Point, Mo.

18. (a) Signature of funeral director James Cullinane

(b) Address 831 East Big Bend Boul.

19. (a) 7-1-46 (b) E. P. McHargan
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 29 day June
year 1946 hour 11:45 minute 45 P. M.

21. I hereby certify that I attended the deceased from June 27, 1946, to June 29, 1946:
that I last saw her alive on June 29, 1946,
and that death occurred on the date and hour stated above.

Immediate cause of death Myocardial Ch Duration 37

Due to Myocardial Ch

Due to 131

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?

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

23. Signature Carl E. ... M.D. (M.D. or other)

Address Webster Brown Date signed 6:30-46

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

6
15
0

2000

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..... *Elmer R. Sadwell*
Licensed Embalmer No..... *4077*
P. O. Address.....

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.