S. No. 2
M—5-43
. 5-17-39
I X36671

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 23944

FILED JUL 16 1946

Registration District No. 130

Primary Registration District No. 5572

Registrar's No. 89

1. PLACE OF DEATH:

(a) County Jackson

(b) City or town [redacted] Township prairie
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
Jackson County Emergency Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 6 months (Specify whether
In this community 80 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson 48

(c) City or town Independence 4
(If outside city or town limits, write "RURAL")

(d) Street No. 810 Nourth Main 4
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No) 1

If yes, name country None

3. (a) PRINT FULL NAME Nancy C. Nugent

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

6. (b) Name of husband or wife Bennett F. Nugent

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

7. Birth date of deceased January (Month) 14 (Day) 1858 (Year)

8. AGE:

Years	Months	Days	If less than one day
88	4	7	hr. min.

9. Birthplace Howard County (City, town, or county) Texas (State or foreign country) 1

10. Usual occupation Housewife

11. Industry or business

FATHER
12. Name Blevins Fisher
13. Birthplace Unknown (City, town, or county) Penn. (State or foreign country) 1

MOTHER
14. Maiden name Cynthia Bales
15. Birthplace Unknown (City, town, or county) Kentucky (State or foreign country) 1

16. (a) Informant Mrs. Agnes Tudor
(b) Address 310 N. Crysler, Indep. Missouri

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 6-3-46 (Month) (Day) (Year)
(c) Place: burial or cremation Woodlawn Cemetery Indep. Mo.

18. (a) Signature of funeral director Geo C Carson & Home
(b) Address Independence, Missouri

19. (a) 6/1/46 (Date received local registrar) (b) Sara G. Barnes (Registrar's signature)

MEDICAL CERTIFICATION

20. **DATE OF DEATH:** Month May day 31st
year 1946 hour 8 minute 15 A.M.

21. I hereby certify that I attended the deceased from April 1st, 1946 to May, 1946
that I last saw her alive on May 30, 1946
and that death occurred on the date and hour stated above.

Immediate cause of death Broncho pneumonia

Due to Cardiac decompensation Arteriosclerosis with stenosis of Aortic valve

Due to

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations 107

Of autopsy See above

Duration

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 [signature] (M. D. or other) Dr

Address Coppelia Med Bldg Date signed 5/31/46

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(Licensed Embalmer's Statement on Reverse Side)

AUG 8 1994

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 Raymond N Martin

Licensed Embalmer No. 4150

P. O. Address Sidney 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.