

FILED OCT 3 1946

State File No. _____

Registration District No. 360

Primary Registration District No. 3076

Registrar's No. 107

1. PLACE OF DEATH:

(a) County Vernon
(b) City or town Nevada
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
821 West Hunter /
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
In this community 74 years (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Vernon 108
(c) City or town Nevada /
(If outside city or town limits, write "RURAL")
(d) Street No. 821 West Hunter 2
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No) 0
If yes, name country _____

3. (a) PRINT FULL NAME Mary Emmerson (Emma) Nall

3. (b) If veteran, name war _____
3. (c) Social Security No.

4. Sex Fm / 5. Color or race White
6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife Robert Buckner Nall
6. (c) Age of husband or wife if alive years

7. Birth date of deceased September 1 1862
(Month) (Day) (Year)

8. AGE: Years 83 Months 11 Days 6
If less than one day _____ hr. _____ min.

9. Birthplace Hardin County Kentucky
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business _____

12. Name Bennett Maxey DeWitt

13. Birthplace Hardin County Kentucky
(City, town, or county) (State or foreign country)

14. Maiden name Rebecca Jane Nall

15. Birthplace Hardin County Kentucky
(City, town, or county) (State or foreign country)

16. (a) Informant _____
(b) Address 329 E. Ashland, Nevada, Mo.

17. (a) Burial (b) Date thereof August 11, 1946
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation East Liberty Cemetery

18. (a) Signature of funeral director _____

(b) Address Nevada, Missouri

19. (a) 9-3-46 (b) Mathew Yancy
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 7
year 1946 hour 9 minute _____ P. M.

21. I hereby certify that I attended the deceased from _____ 19____ 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 _____
Cerebral Stomach

Due to _____

Due to _____

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

Major findings:
Of operations _____

Of autopsy _____

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 Marcel E. Fisher (M. D. or other) _____
Address Nevada, Mo Date signed 8-31-46

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

MOTHER FATHER

331

*Cancer of Stomach
advanced stage*

OCT 11 1946

RECEIVED
District Health Officer No. 7,
District File Number 9-46-968
Date Filed 10-2-46

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.....

Licensed Embalmer No.....

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.