

Registration District No. 227

Primary Registration District No. 4339

State File No. _____

Registrar's No. 49

1. PLACE OF DEATH:
 (a) County MONROE
 (b) City or town PARIS
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
MONROE - WALNUT ST.
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution _____
(Specify whether years, months or days)
 In this community 40 YRS.

2. USUAL RESIDENCE OF DECEASED:
 (a) State MISSOURI (b) County MONROE
 (c) City or town PARIS
(If outside city or town limits, write "RURAL")
 (d) Street No. MONROE - WALNUT ST.
(If rural, give location)
 (e) Citizen of foreign country? NO (Yes or No)
 If yes, name country _____

3. (a) PRINT FULL NAME NANCY KATE NOLEN
 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 MARION NOLEN
 6. (c) Age of husband or wife if alive ✓
 7. Birth date of deceased DEC. 17, 1867
(Month) (Day) (Year)

8. AGE: Years 78 Months 9 Days 14
 If less than one day _____ hr. _____ min.

9. Birthplace MONROE CO., MO
(City, town, or county) (State or foreign country)

10. Usual occupation AT HOME

11. Industry or business _____

MOTHER FATHER
 12. Name HENRY JOHNSON
 13. Birthplace KY.
(City, town, or county) (State or foreign country)
 14. Maiden name NANCY BISHOP
 15. Birthplace KY.
(City, town, or county) (State or foreign country)

16. (a) Informant O. W. NOLEN
 (b) Address PARIS, MO.

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

(c) Place: burial or cremation WALNUT GROVE

18. (a) Signature of funeral director Speed & Blaney

(b) Address PARIS, MO.

19. (a) 10-4-46 (b) Elbert Baker, M.D.
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month OCT. day 3
 year 1946 hour 7 minute 15 P. M.

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

Immediate cause of death Coronary Thrombosis
2 mi
 Duration 2 hr

Due to _____
 Due to _____

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

Major findings: WAD
 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) (Means of injury)

23. Signature Geo M. Beville (M. D. or other) _____

Address PARIS, MO. Date signed 10-4-46

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

33051

RECEIVED
District Health Officer No. 10
District File Number 46-2000
Date Filed NOV-8 1945

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..... *E. H. Agnew*

Licensed Embalmer No. *4000*

P. O. Address..... *Paris, Missouri*

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.