

FILED OCT 17 1946

Registration District No. 222

Primary Registration District No. 4478

Registrar's No. 13

1. PLACE OF DEATH:

(a) County Schuyler
(b) City or town Lancaster, Mo.
(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 None
(Specify whether
In this community 2
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Schuyler, Mo.
(c) City or town Lancaster, Mo.
(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 Duckworth

(b) If veteran, name war None

(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 _____

6. (c) Age of husband or wife if alive _____ years
19 (Day) 1847 (Year)

7. Birth date of deceased Sept
(Month) 19 (Day) 1847 (Year)

| 8. AGE | Years | Months | Days | If less than one day |
|--------|-----------|----------|-----------|----------------------|
| | <u>99</u> | <u>0</u> | <u>16</u> | hr. _____ min. _____ |

9. Birthplace Logan County, Ohio
(City, town, or county) (State or foreign country)

10. Usual occupation housewife

11. Industry or business

MOTHER FATHER

12. Name Greenup Hopkins

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

14. Maiden name Edna Unknown

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

16. (a) Informant Arthur Duckworth

(b) Address Lancaster, Mo.

17. (a) Burial (b) Date thereof 10 8 46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation I. O. O. F. Cemetery

18. (a) Signature of funeral director Percell Fickton

(b) Address Lancaster, Mo.

19. (a) 10-7-46 (b) Ans. Edna Broke
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct. day 5th
year 1946 hour 5 minute 30 A.M.

21. I hereby certify that I attended the deceased from 1938
January 1 1933 to October 5 1946
that I last saw h. alive on Oct 4, 9 P.M. 1946
and that death occurred on the date and hour stated above.

Immediate cause of death Hypostatic
Pneumonia

Duration 4 days

Due to Arterial sclerosis
and extreme senility
Basic Helpless Invalid

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?
While at work? _____
(Specify type of place) (e) Means of injury 0

23. Signature Edna M. Fickton (M. D. or other)
Address Lancaster, Mo. Date signed Oct 5 1946

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

RECEIVED
District Health Officer No. 10
District File Number 19-46-1934
Date Filed OCT. 16. 1946

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.....

Orrell Fenton....., Registered Apprentice No.....
working under my personal supervision.

Signed Orrell Fenton.....

Licensed Embalmer No. 3705.....

P. O. Address Lancaster, Pa......

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.