

FILED NOV 25 1946
Registration District No. 82

Primary Registration District No. 3017

Registrar's No. 112

1. PLACE OF DEATH:

(a) County Cooper
(b) City or town Boonville
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: At home.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether
in this community All of life.
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Cooper 27
(c) City or town Boonville 1
(If outside city or town limits, write "RURAL")
(d) Street No. 733 4th. St. 2
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No) 0
If yes, name country _____

3. (a) PRINT FULL NAME Nannie Lionberger

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 Single
6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased September 8 1856
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
90 1 33 hr. min.

9. Birthplace Boonville, Missouri.
(City, town, or county) (State or foreign country)

10. Usual occupation At home.

11. Industry or business _____

MOTHER FATHER
12. Name D. C. Lionberger
13. Birthplace Virginia
(City, town, or county) (State or foreign country)
14. Maiden name Bettie Clarkson.
15. Birthplace Virginia.
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. John Windsor.
(b) Address Boonville, Mo.

17. (a) Burial (b) Date thereof Oct. 31 / 46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Walnut Grove Cem.

18. (a) Signature of funeral director Goodman & Boller.

(b) Address Boonville, Mo.

19. (a) 11-8-46 (b) [Signature]
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct. day 30
year 1946 hour 13 minute 8 M.

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

Immediate cause of death Pneumonia, right lower lobe

Duration 3 days

Due to _____

Due to _____

Other conditions None
(Include pregnancy within 3 months of death)

Major findings: Of operations None 108

Of autopsy Not performed

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 [Signature] (M. D. or other) M.D.

Address Boonville, Mo. Date signed 10/31/46

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

7
2

3

RECEIVED

District Health Officer No. 8,

District File Number _____

Date Filed 11-23-46

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. 1178

P. O. Address Boonville, 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.