

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

1. PLACE OF DEATH:

(a) County Nodaway

(b) City or town Barnard White County

(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 Most all her life
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Nodaway

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

(d) Street No. Rural
(If rural, give location)

(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Mary Elizabeth Nester

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month November day 10
year 1946 hour 10 minute A.M.

4. Sex F 5. Color or race W

6. (a) Single, widowed, married, divorced S

6. (b) Name of husband or wife _____

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

7. Birth date of deceased December 31 - 1881
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from Nov 1944 to Nov 9 - 1946
that I last saw her alive on Nov 9 - 1946
and that death occurred on the date and hour stated above.

8. AGE: Years 64 Months 10 Days 9
If less than one day hr. _____ min. _____

Immediate cause of death Chc. Myocarditis

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

10. Usual occupation Housekeeper

Due to _____

Due to _____

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

11. Industry or business _____

12. Name Felix Nester

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

14. Maiden name Mariah Burns

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

Major findings: Of operations 131B

Of autopsy _____

PHYSICIAN _____
Underline the cause to which death should be charged statistically.

16. (a) Informant Lee C. Burns

(b) Address Barnard MO

17. (a) Burial (b) Date thereof 11-12-46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Salem Cemetery

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? _____

18. (a) Signature of funeral director Campbell Funeral Home

(b) Address Marionville Missouri

19. (a) Nov 13 46 (b) Bess Holt
(Date received local registrar) (Registrar's signature)

While at work? _____ (Specify type of place) (c) Means of injury U

23. Signature W. Logan Wood (M. D. _____)

Address Bolivar Mo Date signed 12-46

DISTRICT HEALTH OFFICE
Cameron, Mo.

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 William Campbell

Licensed Embalmer No. 2620

P. O. Address Marionville, 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.