

FILED DEC 5 1946  
340

Registration District No.

Primary Registration District No. 615-2

Registrar's No. 23

1. PLACE OF DEATH:

(a) County... Stoddard  
(b) City or town... Rural  
(c) Name of hospital or institution: Home  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution... 16 years  
In this community... 16 years  
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State... Missouri (b) County... Stoddard  
(c) City or town... Rural  
(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 Matilda Thessing

3. (b) If veteran, name war \*\*\*\* 3. (c) Social Security No. None

4. Sex female 5. Color or race white 6. (a) Single, widowed, married, divorced widow

6. (b) Name of husband or wife... 6. (c) Age of husband or wife if alive... 20 years

7. Birth date of deceased... March 20 1866  
(Month) (Day) (Year)

8. AGE: Years 80 Months 7 Days 19 If less than one day hr. min.

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

10. Usual occupation house wife

11. Industry or business

12. Name Jonathan Wood 13. Birthplace Tennessee  
(City, town, or county) (State or foreign country)

14. Maiden name Sally Ann Martin

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

16. (a) Informant Otis Clark

(b) Address Powe Missouri

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

(c) Place burial or cremation Bernie Cemetary

18. (a) Signature of funeral director Robert E. Bruner

(b) Address Bernie, Missouri

19. (a) 11/27-1946 (b) Lotho J. J. J.  
(Date received local registrar) (Registrar's Signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov day 9  
year 1946 hour 12 minute 30 P.M.

21. I hereby certify that I attended the deceased from 11-5-1946 to 11-19-1946  
that I last saw her alive on 11-7-1946  
and that death occurred on the date and hour stated above.

Immediate cause of death Senility  
Duration 7 days

Due to  
Due to

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) Means of injury

23. Signature Dawsey Ryan (M. D. or other)  
Address Bernie, Mo. Date signed 11-9-46

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

MOTHER FATHER

RECEIVED  
Health Office No. 2  
District File Number 1246-1391  
Date Filed 12-2-46

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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 J. W. Schuman  
Licensed Embalmer No. 4086  
P.O. Address Orlando

**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.**