

FILED DEC 30 1946

State File No. _____

Registration District No. 360

Primary Registration District No. 3076

Registrar's No. 153

1. PLACE OF DEATH:

(a) County Vernon
(b) City or town Nevada
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Nevada City Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 2 weeks
(Specify whether
In this community years, months or days)

8. (a) PRINT FULL NAME Belmont
Maude Beltraunt Kester

3. (b) If veteran, name war 3. (c) Social Security No.

4. Sex F 5. Color or race W 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife E. L. Kester 6. (c) Age of husband or wife if alive 72 years

7. Birth date of deceased June 5 1886
(Month) (Day) (Year)

8. AGE: Years 60 Months 6 Days 17 If less than one day hr. min.

9. Birthplace Schell City Mo
(City, town, or county) (State or foreign country)

10. Usual occupation housewife

11. Industry or business _____

MOTHER FATHER { 12. Name S. L. Roberts

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

14. Maiden name Amanda Jane Roberson

15. Birthplace Rumney W. Va.
(City, town, or county) (State or foreign country)

16. (a) Informant E. L. Kester

(b) Address Harwood, Mo.

17. (a) Burial (b) Date thereof 12 24 46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Burial - Harwood

18. (a) Signature of funeral director OURVA...

(b) Address Harwood, Mo.

19. (a) 12-23-46 (b) Kathryn Haney
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Vernon
(c) City or town Harwood (Rural)
(If outside city or town limits, write "RURAL")
(d) Street No. _____
(If rural, give location)
(e) If foreign born, how long in U. S. A.? no years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December day 22
year 1946 hour 7 minute 30 P. M.

21. I hereby certify that I attended the deceased from 8-17 1946 to 12-22 1946
that I last saw her alive on 12-22 1946
and that death occurred on the date and hour stated above.

Immediate cause of death left ventricular heart failure

Due to Hypertension, heart failure, and myocardial infarction
(chronic in 8-10-46)

Due to _____

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

Major findings: _____
Of operations _____

Of autopsy _____

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 _____

23. Signature Kathryn Haney (M. D. or other) _____
Address Nevada, Mo. Date signed 12-23-46

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

Date Filed 12-22-46
District of Columbia
Division of Health
RECEIVED

SEP 26 1947

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..... *Alvin G. Gamm*

Licensed Embalmer No. 2709

P. O. Address Harwood, 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, above space should be left blank.