

S. No. 2
M-8-43
7-5-17-39
P. I. X

State File No. 5631
Registrar's No. 24

FILED MAR 10 1947
Registration District No. 252

Primary Registration District No. 4381

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

1. PLACE OF DEATH: Nodaway

(a) County Nodaway

(b) City or town Hopkins

(c) Name of hospital or institution: /

(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 48 yrs.

In this community 48 yrs.

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Nodaway 74

(c) City or town Hopkins

(d) Street No. /

(e) Citizen of foreign country? / (Yes or No)

If yes, name country: /

3. (a) PRINT FULL NAME Nancy Amelia Hall

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 Widowed

6. (b) Name of husband or wife Thomas Hall

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

7. Birth date of deceased: May 19 1854

(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	92	8		hr. min.

9. Birthplace: Warren County Ind.

(City, town, or county) (State or foreign country)

10. Usual occupation: Housewife

11. Industry or business: /

12. Name: Benjiman Harris

13. Birthplace: Unknown Unknown 9

(City, town, or county) (State or foreign country)

14. Maiden name: Sarah Brown

15. Birthplace: Unknown Unknown 9

(City, town, or county) (State or foreign country)

16. (a) Informant: Mrs Letha Jackson

(b) Address: Hopkins, Mo.

17. (a) Burial (b) Date thereof: Jan. 21, 1947

(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Gaynor Cemetery, Parnell

18. (a) Signature of funeral director: Stanley Swanson Mo. Rural

(b) Address: Hopkins, Mo.

19. (a) 1-23-47 (b) Geo. H. H. [Signature] Registrar's signature

(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 19

year 1947 hour 11 minute 50 A. M.

21. I hereby certify that I attended the deceased from Sept 16 1947

that I last saw her alive on Sept 19 1947

and that death occurred on the date and hour stated above.

Immediate cause of death: Scurvity Unknown

Duration: Unknown

Due to: /

Due to: /

Other conditions: /

(Include pregnancy within 3 months of death)

Major findings: /

Of operations: /

Of autopsy: /

16-2-B

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? /

(Specify type of place) /

While at work? / (e) Means of injury: /

23. Signature: [Signature] (M. D. or other) /

Address: Hopkins Date signed: 1/21/47

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**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 *Stanley Swanson*
Licensed Embalmer No. *3963*
P. O. Address *Hopkins, 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.