

FILED MAR 10 1947

Registration District No. 219

Primary Registration District No. 4469

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

1. PLACE OF DEATH:

(a) County Ste. Genevieve
(b) City or town Ste. Genevieve
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community Life years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Ste. Genevieve 95
(c) City or town Ste. Genevieve 1
(If outside city or town limits, write "RURAL")
(d) Street No. _____ (If rural, give location) 1
(e) Citizen of foreign country? No (Yes or No) 0
If yes, name country _____

3. (a) PRINT FULL NAME August J. Nanney

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

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Winston 6. (c) Age of husband or wife if alive 74 years
7. Birth date of deceased July 20 1870
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>76</u>	<u>7</u>	<u>15</u>	hr. _____ min. _____

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

10. Usual occupation Retired Laborer

11. Industry or business _____

12. Name John F. Nanney

13. Birthplace Minnith Missouri
(City, town, or county) (State or foreign country)

14. Maiden name Josephine Le Clere

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

16. (a) Informant Oliver Nanney

(b) Address St. Louis, Missouri

17. (a) Burial (b) Date thereof March 7, 1947
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Ste. Genevieve, Missouri

18. (a) Signature of funeral director James M. Hart

(b) Address Ste. Genevieve, Missouri

19. (a) 3-7-47 (b) James M. Hart
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 5
year 1947 hour 12 minute 28 AM.

21. I hereby certify that I attended the deceased from Feb. 13
1947, to March 5, 1947
that I last saw him alive on March 5, 1947
and that death occurred on the date and hour stated above.

Immediate cause of death Chronic myocarditis Duration ?

Due to _____

Due to _____

Other conditions Thrombosis of
(Include pregnancy within 3 months of death)
Right femoral artery 2/13/47

Major findings: 93D
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 0

23. Signature James M. Hart (M. D. or other) _____

Address Ste. Genevieve, Mo Date signed 3/5/47

350

RECEIVED

District Health Officer No. 4
District File Number 347-333
Date Filed 3-8-47

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 Jerome A. Stanton

Licensed Embalmer No. 3817

P. O. Address See Reverse No

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.