

FILED APR 8 1947

Registration District No. 374

Primary Registration District No. 6274

Registrar's No. 20

1. PLACE OF DEATH:

(a) County Worth

(b) City or town Rural
(If outside city or town limits, write "RURAL" and name of township)

(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.....
(Specify whether years, months or days)

In this community Entire Life

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Worth

(c) City or town Worth Mo. Rural
(If outside city or town limits, write "RURAL")

(d) Street No. West of Worth Mo.
(If rural, give location)

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

3. (a) PRINT FULL NAME Nellie Grace Hall

3. (b) If veteran. name war.....

3. (c) Social Security No. 6

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb day 28
year 1947 hour 4 minute P.M.

21. I hereby certify that I attended the deceased from Jan 15
1947 to Feb 28, 1947
that I last saw her alive on Feb 28, 1947
and that death occurred on the date and hour stated above.

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

6. (b) Name of husband or wife J. H. Hall 6. (c) Age of husband or wife if alive 64 years

7. Birth date of deceased Oct 8 1888
(Month) (Day) (Year)

Immediate cause of death Alzheimer Mellitus 7 yr
Duration

8. AGE: Years 58 Months 4 Days 19 If less than one day
hr. min.

Due to.....

Due to.....

Other conditions (Include pregnancy within 3 months of death)

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

10. Usual occupation Housewife

Major findings: Of operations U

Of autopsy.....

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

11. Industry or business "

12. Name J. L. Lewis

13. Birthplace Xandia Ohio
(City, town, or county) (State or foreign country)

14. Maiden name Emma Morgan

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

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) 2

16. (a) Informant J. H. Hall
(b) Address North Missouri

17. (a) Burial (b) Date thereof March 1-47
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Grant City Cemetery

18. (a) Signature of funeral director John Anderson
(b) Address Grant City Mo

19. (a) Mar-24-1947 (b) Leta E. Lawson
(Date received local registrar) (Registrar's signature)

While at work (Specify type of place) (c) Means of injury.....

23. Signature Charles W. Melham (M. D. or other) DO
Address Gentry Mo Date signed 3-10-47

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

113
0
0

**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.....

John Andrews....., Registered Apprentice No.....
working under my personal supervision.

Signed..... *John Andrews*.....

Licensed Embalmer No. *4211*.....

P. O. Address..... *Grant City 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.