

Registration District No. **374**

Primary Registration District No. **4547**

Registrar's No. **49**

1. PLACE OF DEATH:

(a) County **North**
(b) City or town **Grant City Missouri**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution **Home in Grant City**
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **70 years**
(Specify whether years, months or days)

3. (a) PRINT FULL NAME **Eva Jane Nail**

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

4. Sex **F** 5. Color or race **W** 6. (a) Single, widowed, married, divorced **married**
6. (b) Name of husband or wife **Sam Nail** 6. (c) Age of husband or wife if alive **85** years
7. Birth date of deceased **March 8 1861**
(Month) (Day) (Year)

8. AGE: Years **85** Months **2** Days **3** If less than one day hr. min.

9. Birthplace **New York N.Y.**
(City, town, or county) (State or foreign country)

10. Usual occupation **Housewife**

11. Industry or business

MOTHER FATHER { 12. Name **Frederick Swift**
13. Birthplace **Unknown England**
(City, town, or county) (State or foreign country)
14. Maiden name **Unknown Turner**
15. Birthplace **Unknown England**
(City, town, or county) (State or foreign country)

16. (a) Informant **Sam Nail**
(b) Address **Grant City Mo**
17. (a) **Burial** (b) Date thereof **May 14 - 47**
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation **Grant City Cemetery**

18. (a) Signature of funeral director **John Anderson Jr**
(b) Address **Grant City Missouri**
19. (a) **May 20 1947** (b) **Meta E. Dawson**
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **North** 113
(c) City or town **Grant City Mo** 1
(If outside city or town limits, write "RURAL")
(d) Street No. **No** 0
(If rural, give location)
(e) Citizen of foreign country? **No** (Yes or No)
If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **May** day **11**
year **1947** hour **8** minute **30** P.M.

21. I hereby certify that I attended the deceased from **1930**
19 to **May 11** 1947
that I last saw her alive on **May 11** 1947
and that death occurred on the date and hour stated above.

Immediate cause of death **Cancer of Stomach and Rectum** Duration

Due to

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations **46 B**

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 **2**

23. Signature **J.H. Swift** (or other)
Address **Grant City Mo** Date signed **5/15**

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.....

Licensed Embalmer No. 4211

P. O. Address.....

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.