

FILED AUG 14 1947

Registration District No. 13

Primary Registration District No. 3003

Registrar's No. 44

1. PLACE OF DEATH:

(a) County Barry
(b) City or town Monett, Mo.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: St. Vincent Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 7 days
(Specify whether
In this community
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Newton 73
(c) City or town Rural 0
(If outside city or town limits, write "RURAL")
(d) Street No. Fairview, Mo. R# 0
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME

Ona May Nagle

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex Female 5. Color or race W

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Edgar Nagle

6. (c) Age of husband or wife if alive 41 years

7. Birth date of deceased December 2 1905
(Month) (Day) (Year)

8. AGE: Years 41 Months 6 Days 14
If less than one day hr. min.

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

10. Usual occupation Housewife

11. Industry or business

12. Name W. T. Hood

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

14. Maiden name Mary Pendergraft

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

16. (a) Informant Edgar Nagle

(b) Address Fairview, Mo.

17. (a) Burial (b) Date thereof 6/18/47
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Muncy Chapel Cem

18. (a) Signature of funeral director Wm. M. West

(b) Address Wheaton, Mo.

19. (a) 7-5-47 (b) W. M. West
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 16
year 1947 hour 12 minute 25 P.M.

21. I hereby certify that I attended the deceased from June 9, 1947, to June 16, 1947,
that I last saw him alive on June 16, 1947,
and that death occurred on the date and hour stated above.

Immediate cause of death Acute Lymphatic Leukemia Duration 2

Due to

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: Frank K. ... MD (M.D. or other)

Address: Monett, Mo. Date signed: 6/23/47

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

MOTHER FATHER

RECEIVED

District Health Officer No. 6,

District File Number

747-769

Date Filed

AUG 12 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 *W. Morris Logan*.....

Licensed Embalmer No. *3442*.....

P. O. Address *Wheaton, 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.