

Registration District No. **86**

Primary Registration District No. **4149**

1. PLACE OF DEATH:

(a) County Crawford
(b) City or town Cuba
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
At Home, Cuba, Mo.
(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)

3. (a) PRINT FULL NAME Paul Nevins
3. (b) If veteran, name war None
3. (c) Social Security No. None

4. Sex Male 5. Color or race White
6. (a) Single, widowed, married, divorced Single
6. (b) Name of husband or wife X
6. (c) Age of husband or wife if alive X years
7. Birth date of deceased October 23 1927
(Month) (Day) (Year)

8. AGE: Years 19 Months 10 Days 24
If less than one day hr. min.

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

10. Usual occupation Farmer

11. Industry or business Owner

12. Name Luther Nevins

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

14. Maiden name Maude Stewart

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

16. (a) Informant Mrs. Maude Nevins

(b) Address R. R. # 2, Cuba, Mo.

17. (a) Burial (b) Date thereof 9/23/47
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Kinder Cemetery

18. (a) Signature of funeral director Shanklin Funeral Home
(b) Address Cuba, Mo.

19. (a) 9/22/47 (b) [Signature]
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Crawford
(c) City or town Cuba
(If outside city or town limits, write "RURAL")
(d) Street No. Cuba, Mo., R. R. # 2
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country.....

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept. day 21
year 1947 hour 7 minute 30 P. M.

21. I hereby certify that I attended the deceased from
9-12- 1947 to 9/21/47, 19 ;
that I last saw him alive on 9/21/47, 19 ;
and that death occurred on the date and hour stated above.

Immediate cause of death Pulmonary edema (Acute) Duration
24 hrs.

Due to Cardiac Decompensation 1 year

Due to Rheumatic heart disease 15 yrs.
with aortic and mitral insufficiency

Other conditions (include pregnancy within 3 months of death)

Major findings:
Of operations.....
Of autopsy.....
PHYSICIAN
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) XXXX

Address Cuba, Mo. Date signed 9-22-47

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

MOTHER FATHER

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.....

James R. Chapman, Registered Apprentice No. *2*
working under my personal supervision.

Signed *Paul A. Hamilton*

Licensed Embalmer No. *3472*

P. O. Address *Cuba, 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.