

No. 2
8-43
5-17-39
X37923

FILED JAN 9 1948

Registration District No. 26 Primary Registration District No. 5351 Registrar's No. 82

1. PLACE OF DEATH:

(a) County Dallas

(b) City or town Tunas
(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 _____ years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Dallas 30

(c) City or town Rural 0
(If outside city or town limits, write "RURAL")

(d) Street No. Tunas Mo. 0
(If rural, give location)

(e) Citizen of foreign country? NO (Yes or No) 0

If yes, name country _____

3. (a) PRINT FULL NAME Addie Nesson

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

4. Sex F 5. Color or race W 6. (a) Single, widowed, married, divorced W 2

6. (b) Name of husband or wife John B Nesson 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased 12 13 1896
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

70 11 28 hr. min.

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

10. Usual occupation Housekeeper

11. Industry or business Isaac Phipps

12. Name Unknown

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

14. Maiden name _____

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

16. (a) Informant Malcom Nesson

(b) Address Tunas Mo.

17. (a) BURIAL (b) Date thereof 12-13-1947
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Hope Well

18. (a) Signature of funeral director Montgomery-Vanhan

(b) Address Buffalo, Mo.

19. (a) 12-31-47 (b) Mrs J. B. Jones
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 12 day 11
year 1947 hour 6 minute 2 A.M.

21. I hereby certify that I attended the deceased from 11-30 47 to 12-3 47, 1947
that I last saw her alive on 12-5 47, 1947
and that death occurred on the date and hour stated above.

Immediate cause of death Terminal Pneumonia Duration 4-5 days

Due to Chronic nephritis 10 yrs

Due to _____

Other conditions (Include pregnancy within 3 months of death) _____

Major findings: 131B

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:

(c) 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 Chaffin Mo (M. D. or other) P

Address Buffalo Mo Date signed 18 DEC 47

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

MAY 15 1959

Buffalo, N.Y.
District No. 12-47-2036
Date Filed 1-8-48

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 *Bryde Montgomery*
Licensed Embalmer No. *3592*
P. O. Address *Buffalo, 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.