

No. 2
-1/47
17-39

22

National Office of Vital Statistics

FILED JAN 22 1948

Registration District No.

Primary Registration District No. 3000

Registrar's No. 17

1. PLACE OF DEATH:

(a) County Adair

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

(c) Name of hospital or institution: R. C. O. S. Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 3 days
(Specify whether 1 year years, months or days)

3. (a) PRINT FULL NAME Nona Teague

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 Widowed

6. (b) Name of husband or wife:

6. (c) Age of husband or wife if alive: 4 years (Day) (Year)

7. Birth date of deceased: May 4 1904
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<u>43</u>	<u>8</u>	<u>10</u>	hr. min.

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

10. Usual occupation: Beauty Operator

11. Industry or business:

12. Name: Unknown Collins

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

14. Maiden name: Unknown Collins

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

16. (a) Informant: Dr. Paul Koogler

(b) Address: Kirksville, Mo.

17. (a) Removal:

(b) Date thereof: 1/14/48
(Month) (Day) (Year)

(c) Place: burial or cremation Winston Salem, N. C.

18. (a) Signature of funeral director: Dee Riley Funeral Home

(b) Address: Kirksville, Missouri

19. (a) Jan 14 1948 (Date received local registrar)

(b) Kate Lambert (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State North Carolina (b) County Forsyth 999

(c) City or town Winston Salem
(If outside city or town limits, write "RURAL")

(d) Street No.
(If rural, give location)

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

If yes, name country:

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan. day 14
year 1948 hour 6:00 minute A: M.

21. I hereby certify that I attended the deceased from Jan 11 1948 to Jan 14 1948
that I last saw h. or l. alive on Jan 14 1948
and that death occurred on the date and hour stated above.

Immediate cause of death: Adynamic ileus 1 day

Due to: Shock 1 day

Due to: Partial lumbar laminectomy and bone graft of spine 3 years

Other conditions: Chronic Sinusitis

(Include pregnancy within 3 months of death)

Duration

MOTHER FATHER

Major findings: Old fracture lumbar 2nd lumbar vertebra

Of autopsy: 55

PHYSICIAN

Underline the cause of 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?

(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: 2

23. Signature: P. Koogler M.D. (M. D. or other)

Address: Kirkville, Mo. Date signed: 1-14-48

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

RECEIVED
District Health Officer No. 10
District File Number 1-48-93
Date Filed JAN 19 1948

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 William E. Mendenhall

Licensed Embalmer No. 4449

P. O. Address Kirksville 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.