S. No. 2
M—8-43
5-17-39
P I X37823

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED JAN 16 1948

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

640

State File No.

Registration District No. 86 Primary Registration District No. 5329 Registrar's No. 3-1948

1. PLACE OF DEATH:
(a) County Crawford
(b) City or town Jake Prairie
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: /
(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)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Crawford
(c) City or town Jake Prairie
(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

3. (a) PRINT FULL NAME Nancy Mae Stack
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 Widowed
6. (b) Name of husband or wife William J. Stack
6. (c) Age of husband or wife if alive years
7. Birth date of deceased April (Month) 13 (Day) 1882 (Year)

8. AGE: Years 65 Months 8 Days 29 If less than one day hr. min.

9. Birthplace Crawford Co. (City, town, or county) Mo. (State or foreign country)
10. Usual occupation At home
11. Industry or business
FATHER
12. Name Moses Wright
13. Birthplace Unknown (City, town, or county) Tenn (State or foreign country)
MOTHER
14. Maiden name Mandy Compton
15. Birthplace Unknown (City, town, or county) Illinois (State or foreign country)
16. (a) Informant N. E. Stack
(b) Address Steelville, Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan 14 1948 (Month) (Day) (Year)
(c) Place: burial or cremation Licklider Cem.
18. (a) Signature of funeral director Smith-Hollow
(b) Address Rolla Mo.
19. (a) 1-14-48 (Date received local registrar) (b) [signature] (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 12 year 1948 hour 5 minute 00 A. M.
21. I hereby certify that I attended the deceased from Jan. 11. 1948 to January 12, 1948 that I last saw her alive on January 11. 1948 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death acute myocarditis	4 day
Due to	
Due to	
Other conditions Chronic nephritis (Include pregnancy within 3 months of death)	5 years

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 C. V. Hammler (M. D. ~~[illegible]~~)
Address St. James, Mo. Date signed 1-13-48

(Licensed Embalmer's Statement on Reverse Side)

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 .....

Licensed Embalmer No. 3643

P. O. Address Rolla, 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.