S. No. 2
DM—2-43
5-17-39
I X35697

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED JAN 21 1948

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 1642

Registration District No. 172 Primary Registration District No. 4272 Registrar's No. 3

1. PLACE OF DEATH:
(a) County: Lafayette
(b) City or town: Waverly (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Waverly, Missouri (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution ____ (Specify whether years, months or days) In this community: Lifetime

2. USUAL RESIDENCE OF DECEASED:
(a) State: Missouri (b) County: Lafayette
(c) City or town: Waverly (If outside city or town limits, write "RURAL")
(d) Street No.: Waverly, Mo. (If rural, give location)
(e) Citizen of foreign country? ____ (Yes or No)
If yes, name country: None

3. (a) PRINT FULL NAME: Nannie Keith
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~~: Widow
6. (b) Name of husband or wife: ____ 6. (c) Age of husband or wife if alive: ____ years
7. Birth date of deceased: Oct. (Month) 14 (Day) 1853 (Year)

8. AGE: Years 94 Months 2 Days 24 If less than one day: ____ hr. ____ min.

9. Birthplace: Waverly (City, town, or county) Missouri (State or foreign country)
10. Usual occupation: Housekeeper
11. Industry or business: Housekeeping
FATHER
12. Name: Benjamin Noble
13. Birthplace: Miller County (City, town, or county) Mo. (State or foreign country)
MOTHER
14. Maiden name: Bessie Miller
15. Birthplace: Sedalia County (City, town, or county) Mo. (State or foreign country)
16. (a) Informant: Mrs. Lucy Carline
(b) Address: Des Moines, Iowa
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 1-11-48 (Month) (Day) (Year)
(c) Place: burial or cremation: Waverly, Mo.
18. (a) Signature of funeral director: [illegible]
(b) Address: Lexington, Mo.
19. (a) Jan 11 1948 (Date received by local registrar) (b) Dayton H. Landrum (Registrar's signature) 1511

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan. day 8 1948 year 11 hour 10 minute 8 A.M.
21. I hereby certify that I attended the deceased from 1-4, 1948 to 1-8, 1948 that I last saw her alive on 1-8, 1948 and that death occurred on the date and hour stated above.

Immediate cause of death: Bronchial Pneumonia (Hypostatic) — Duration
Due to: ____
Due to: Cerebral Thrombosis
Other conditions (Include pregnancy within 3 months of death): ____
Major findings: Of operations: 107 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: [illegible] (M. D. or other)
Address: Waverly Date signed: 1/10/48

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 8,

District File Number .....

Date Filed 1-20-48

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 George H Green

Licensed Embalmer No. 4220

P. O. Address Lexington, 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.