

1/47
7-39

Registration District No. 360

Primary Registration District No. 3076

Registrar's No. 57

1. PLACE OF DEATH:

(a) County Vernon

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

(c) Name of hospital or institution Nevada City Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 2 1/2
(Specify whether home)

In this community some time
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo - (b) County Verion 108

(c) City or town Nevada 1
(If outside city or town limits, write "RURAL")

(d) Street No. 108 N. Lynn 2
(If rural, give location)

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

If yes, name country.....

3. (a) PRINT FULL NAME Susan Coughley Talbot

(b) If veteran, name war no

(c) Social Security No. no

4. Sex Female 5. Color or race white

6. (a) Single, widowed, married, divorced M

6. (b) Name of husband or wife Albert Almy Talbot 6. (c) Age of husband or wife if alive 188 years

7. Birth date of deceased Jan 25, 1881
(Month) (Day) (Year)

8. AGE: Years 67 Months 1 Days 18 If less than one day hr. min.

9. Birthplace Parsons, Kansas
(City, town, or county) (State or foreign country)

10. Usual occupation house wife

MOTHER FATHER

11. Industry or business

12. Name John James Coughley

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

14. Maiden name Margaret Kennedy

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

16. (a) Informant A. A. Talbot

(b) Address Nevada, Mo

17. (a) Removal (b) Date thereof 3-15-48
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Wichita, Kans

18. (a) Signature of funeral director Edwign Funeral Home

(b) Address Nevada, Mo

19. (a) 3-20-48 (b) Patricia Nancy
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 3rd day 14th
year 1948 hour 3:15 minute 2 - M.

21. I hereby certify that I attended the deceased from Dec 26, 1947 to March 14, 1948
that I last saw her alive on March 13, 1948
and that death occurred on the date and hour stated above.

Immediate cause of death Secondary carcinoma of stomach
Primary carcinoma of sigmoid

Due to of sigmoid

Other conditions (include pregnancy within 3 months of death) no

Duration
3 mo?
3

Major findings: Sigmoid resection for carcinoma - Sept 1946

Of operator

Of autopsy

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? (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? (c) Means of injury.....

23. Signature W. R. King (M. D. or other) 0

Address Nevada, Mo Date signed 3-15-48

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

RECEIVED

District Health Officer No. 7,

District File Number 2-48-286

Date Filed 3-23-48

SEP 7 1955

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 Mark Eechinger

Licensed Embalmer No. 2656

P. O. Address Nevada, 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.

5-43
X36930

State File No. April
Registrar's No. 57

Registration District No. 360

Primary Registration District No. 3076

1. PLACE OF DEATH:

(a) County Vernon

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

3. (a) PRINT FULL NAME Susan Talbott

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

4. Sex m

5. Color or race w

6. (a) Single, widowed, married, divorced married

6. (b) Name of husband or wife _____

6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased Jan 25
(Month) (Day) (Year)

8. AGE: Years 67 Months _____ Days _____ (If less than one day _____ min.)

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

10. Usual occupation _____

MOTHER FATHER

11. Industry or business _____

12. Name _____

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 _____

(b) Address _____

17. (a) _____ (b) Date thereof _____
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation _____

18. (a) Signature of funeral director _____

(b) Address _____

19. (a) _____ (b) _____
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State _____ (b) County _____

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

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

(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March Year 1948 Hour _____ Minute _____ M.

21. I hereby certify that I attended the deceased from _____, 19____; that I last saw him _____ alive on _____, 19____; and that death occurred on the date and hour stated above. Immediate cause of death _____

Duration _____

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

Due to _____

Due to _____

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

Major findings:
Of operations _____

Of autopsy _____

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? _____

While at work? _____ (Specify type of place)
(e) Means of injury _____

23. Signature _____ (M. D. or other)
Address _____ Date signed _____

SUPPLEMENTARY

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

S-11273