. No. 2
—1/47
5-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED JUN 9 1948

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 17232

Registration District No. 294 Primary Registration District No. 3056 Registrar's No. 148

1. PLACE OF DEATH:
(a) County Randolph
(b) City or town Moberly
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Woodland Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 5 days (Specify whether
In this community Lifetime
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Monroe 69
(c) City or town Holliday 0
(If outside city or town limits, write "RURAL")
(d) Street No. — 0
(If rural, give location)
(e) Citizen of foreign country? — (Yes or No) 1
If yes, name country —

3. (a) PRINT FULL NAME Hill, Mrs Nancy Mahala
3. (b) If veteran, name war —
3. (c) Social Security No. —
4. Sex Female
5. Color or race White
6. (a) Single, widowed, married, divorced widowed
6. (b) Name of husband or wife John W Hill
6. (c) Age of husband or wife if alive deceased years
7. Birth date of deceased Feb (Month) 3 (Day) 1858 (Year)

8. AGE: Years 88 Months 8 Days 26 If less than one day ..... hr. ..... min.

9. Birthplace Monroe Co (City, town, or county) Mo (State or foreign country) 0
10. Usual occupation at home
11. Industry or business at home
FATHER
12. Name Daniel C Curtright
13. Birthplace Ky (City, town, or county) (State or foreign country) 1
MOTHER
14. Maiden name Rebecca James
15. Birthplace ~~Holliday~~ (City, town, or county) Ky (State or foreign country) 1
16. (a) Informant Alex B Hubbard
(b) Address Holliday Mo
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 5/30/48 (Month) (Day) (Year)
(c) Place: burial or cremation Bethel Cemetery Holliday
18. (a) Signature of funeral director Fred A. Thompson
(b) Address Madison Mo
19. (a) May 30-48 (Date received local registrar) (b) Leah Williams Louie (Registrar's signature) 7 1 4

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 29
year 1948 hour 9 minute 35 a M.
21. I hereby certify that I attended the deceased from May 25th, 1948, to May 29th, 1948, that I last saw her alive on May 29, 1948 and that death occurred on the date and hour stated above.

Immediate cause of death Fracture Rt. Femur (neck) Cardiovascular failure — Duration 4 days 24 hours
Due to Arteriosclerosis General & Hypertensive Heart Disease
Due to
Other conditions (Include pregnancy within 3 months of death) 1810 10 18
Major findings: Of operations Fracture Rt. Femur (Subcapital neck)
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) Accident
(b) Date of occurrence May 25 - 1948 69
(c) Where did injury occur? ~~Hom~~ Holliday (City or town) Monroe (County) Mo (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? Home (Specify type of place)
While at work? No (e) Means of injury Fall
23. Signature [signature] (M. D. or other) Mo
Address Moberly Mo Date signed May 29 1948

Jefferson City Printing Co. (Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED
District Health Officer No. 10
District File Number 6-48-1008
Date Filed JUN 8 - 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 Max Lind G. Thompson

Licensed Embalmer No. 3282

P. O. Address Madison Wis

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.