

FILED JUL 27 1948

State File No. _____

Registration District No. 43

Primary Registration District No. 3009

Registrar's No. 226

1. PLACE OF DEATH:

(a) County Butler
 (b) City or town Poplar Bluff
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
Poplar Bluff hospital
(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)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County BUTLER 12
 (c) City or town HARVIEL
(If outside city or town limits, write "RURAL")
 (d) Street No. Route 1
(If rural, give location)
 (e) Citizen of foreign country? _____ (Yes or No)
 If yes, name country _____

3. (a) PRINT FULL NAME Amanda Nemnich

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 Joseph Nemnich (deced)
 6. (c) Age of husband or wife if alive _____ years
 7. Birth date of deceased Nov 2 1869
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>78</u>	<u>7</u>	<u>2</u>	hr. _____ min. _____

9. Birthplace Carter County Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business _____

MOTHER FATHER {
 12. Name Wash Link
 13. Birthplace unknown
(City, town, or county) (State or foreign country)
 14. Maiden name Elizabeth
(City, town, or county) (State or foreign country)
 15. Birthplace unknown
(City, town, or county) (State or foreign country)

16. (a) Informant Lee Carter Barry

(b) Address 2083 Henrietta St. St. Louis Mo

17. (a) Burial (b) Date thereof 6-6-1948
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Moark Cemetery

18. (a) Signature of funeral director W. H. Miley

(b) Address Conning Ave

19. (a) 7-13-48 (b) _____
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 5
 year 1948 hour 11 minute 15 P. M.

21. I hereby certify that I attended the deceased from June 1 1948 to June 5 1948
 that I last saw her alive on June 5 1948
 and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Occlusion
 Duration _____

Due to _____

Due to _____

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

Major findings: Of operations gyno
 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? _____

While at work? _____ (Specify type of place) (e) Means of injury 0

23. Signature W. H. Miley (M.D. or other) _____

Address Poplar Bluff Date signed 7/12/48

RECEIVED

District Health Office

District File Number 248

Date Filed 7-27

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 C. P. Lehman

Licensed Embalmer No. 683

P. O. Address CORNING HA

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.