FEDERAL SECURITY AGENCY
National Office of Vital Statistics
FILED AUG 6 1948

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 22910

Registration District No. 128 — Primary Registration District No. 5466 — Registrar's No. 594

1. PLACE OF DEATH:

(a) County: Greene

(b) City or town: Springfield, Rural — N. Campbell Twp.
(If outside city or town limits, write "RURAL" and name of town)

(c) Name of hospital or institution: Route 7
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution: None (Specify whether)

In this community: 57 years
(years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State: Missouri (b) County: Greene 39

(c) City or town: Springfield, Rural
(If outside city or town limits, write "RURAL")

(d) Street No.: Route 7
(If rural, give location)

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

If yes, name country:

3. (a) PRINT FULL NAME: John B. H. McNabb

3. (b) If veteran, name war: None

3. (c) Social Security No.: ?

4. Sex: Male

5. Color or race: White

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

6. (b) Name of husband or wife: Mrs. Bertie McNabb

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

7. Birth date of deceased: November (Month) 24, (Day) 1890 (Year)

8. AGE:

Years	Months	Days	If less than one day
57	7	24	hr. min.

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

10. Usual occupation: Farmer

11. Industry or business: On Farm

FATHER
12. Name: John T. McNabb
13. Birthplace: Unknown (City, town, or county) Tennessee (State or foreign country)

MOTHER
14. Maiden name: Sarah A. Land
15. Birthplace: Unknown (City, town, or county) Tennessee (State or foreign country)

16. (a) Informant: Mrs. Bertie McNabb
(b) Address: Springfield, Missouri

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 7/22/48 (Month) (Day) (Year)
(c) Place: burial or cremation: Maple Park Cemetery

18. (a) Signature of funeral director: Gorman-Scharpf Funeral Home
(b) Address: Springfield, Missouri

19. (a) 7-20-48 (Date received local registrar) (b) W E Handley M.D. (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 19th, year 1948 hour 3:45 minute P. M.

21. I hereby certify that I attended the deceased from Unattended by a physician 19 to 19 ; that I last saw h alive on 19 ; and that death occurred on the date and hour stated above.

Immediate cause of death: probably coronary thrombosis

Due to:

Due to:

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

Major findings:
Of operations:
Of autopsy: 94a

Duration

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? (e) Means of injury:

23. Signature: W E Handley local registrar (M. D. or other)

Address: Springfield Mo Date signed: 7/20-48

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

RECEIVED
Greene County Health Office,
County File Number 48-8-52
Date Filed 8-5-48

AUG 6 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 Lewis G. Schaefer

Licensed Embalmer No. 3802

P. O. Address Springfield, 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.