

FILED AUG 3 1948

State File No. _____

Registration District No. 251

Primary Registration District No. 5853

Registrar's No. 190

1. PLACE OF DEATH:

(a) County Nodaway
(b) City or town Maryville *Rock*
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
4 miles east, 2 mile south
(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) 50 years 1

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Nodaway 74
(c) City or town Maryville 3
(If outside city or town limits, write "RURAL") 1
(d) Street No. rural
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME NANCY MATILDA WEST

3. (b) If veteran, name war none 3. (c) Social Security No. none

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife Jasper Newton West 6. (c) Age of husband or wife if alive dec. years
7. Birth date of deceased Feb. 5 1857
(Month) (Day) (Year)

8. AGE: Years 91 Months 5 Days 16 Less than one day _____ hr. _____ min.

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

10. Usual occupation Housewife

11. Industry or business Home

12. Name Joseph Smith

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

14. Maiden name Almina Hill

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

16. (a) Informant Mrs. Robert Mozingo

(b) Address Maryville, Missouri

17. (a) burial of removal (b) Date thereof 7/26/48
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Workman Chapel

18. (c) Signature of funeral director Price Funeral Home

(b) Address Maryville, Missouri

19. (a) 7-30-48 (b) Bess Hill
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 21
year 1948 hour 10 minute 50 P.M.

21. I hereby certify that I attended the deceased from June 8 - 1948 to July 21st 1948
that I last saw her alive on July 19th 1948
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Thrombosis Complicated 6 days
Duration

Due to Arteriosclerosis

Due to Fractured hip

Other conditions 1 stroke
(Include pregnancy, within 3 months of death)

Major findings: Fracture neck
plates and fixation 6-14-48
Of autopsy no
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) Accident 74

(b) Date of occurrence June 8 - 1948

(c) Where did injury occur? Maryville Nodaway Mo
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, or public place?
home

(Specify type of place)

(e) While at work? no (Specify type of place)

(f) Means of injury fall

23. Signature L. E. Deane (M. D. or other) MD

Address Maryville Mo Date signed 7-24-48

DISTRICT HEALTH OFFICE
Cameron, Mo

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.....

John W. Price

Licensed Embalmer No.....

4281

P. O. Address.....

Maryville Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.