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FILED DEC 14 1948

State File No. _____

Registration District No. 782

Primary Registration District No. 4298

Registrar's No. 26

1. PLACE OF DEATH:

(a) County Linn Co
(b) City or town Linn
(c) Name of hospital or institution: Ernest Break Trst. 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
(Specify whether _____)
In this community since 1896
years, months or days

2. USUAL RESIDENCE OF DECEASED:

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

3. (a) PRINT FULL NAME Nancy Elizabeth Stannard

3. (b) If veteran, name war WW
3. (c) Social Security No. _____

4. Female 5. Color or race White
6. (a) Single, widowed, married, divorced: Widow

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

7. Birth date of deceased: April 4th 1863
(Month) (Day) (Year)

8. AGE: Years 85 Months 7 Days 28
If less than one day _____ hr. _____ min.

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

10. Usual occupation: House Keeper

11. Industry or business _____

MOTHER FATHER
12. Name John Hall
13. Birthplace Ohio
(City, town, or county) (State or foreign country)
14. Maiden name Henrietta Hall Bond
15. Birthplace Ohio
(City, town, or county) (State or foreign country)

16. (a) Informant: James Turner
(b) Address: Linn Mo

17. (a) Burial (b) Date thereof Dec 4 1948
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation: Linn Mo
18. (a) Signature of funeral director: J B Brothers
(b) Address: Linn Mo

19. (a) Dec 7-1948 (b) Mrs Budie Kiley
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 2nd
year 1948 hour 3 minute A.M.

21. I hereby certify that I attended the deceased from 11/26 1948 to 12/2 1948
that I last saw her alive on 12/1 1948
and that death occurred on the date and hour stated above.

Immediate cause of death: Senile Cardiac Decompenation
Due to: Cardiac Hypertrophy
Due to: Traumatic Fall
Other conditions: Cardio-vascular-renal disease
(Include pregnancy within 3 months of death)

Duration

PHYSICIAN

Major findings:
Of operations _____
Of autopsy: 7/3/0
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) (c) Means of injury 2

23. Signature: Deshellis (M. D. or other) MD
Address: Linn Date signed: 12/4/48

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

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.....

W. R. Wright....., Registered Apprentice No. *207*
working under my personal supervision.

Signed *W. G. Thorne*.....

Licensed Embalmer No. *2876*.....

P. O. Address *Lulu, 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.