

FILED MAY 7 1949

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 339 PRIMARY REG. DIST. NO. 450v Registrar's No. 12

1. PLACE OF DEATH a. COUNTY <b>Stoddard</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Stoddard</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Puxico</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Puxico</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>At Home Puxico</b>		d. STREET ADDRESS (If rural, give location)	

3. NAME OF DECEASED (Type or Print)	a. (First) <b>NANCY</b>	b. (Middle) <b>ELLA</b>	c. (Last) <b>LOMAS</b>	4. DATE OF DEATH (Month) (Day) (Year) <b>April 22 1949</b>
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5. SEX <b>Female</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>	8. DATE OF BIRTH <b>Nov. 28, 1874</b>	9. AGE (In Years last birthday) 74	IF UNDER 1 YEAR Months 4	IF UNDER 2 HRS. Hours 24
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>House Wife</b>	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <b>Albion Illinois</b>	12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>
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13a. FATHER'S NAME <b>Joe Bond</b>	13b. MOTHER'S MAIDEN NAME <b>Sally English</b>	14. NAME OF HUSBAND OR WIFE <b>Thomas Lomas</b>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME <b>Thomas Lomas</b>	ADDRESS <b>Puxico, Mo.</b>
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>CONGESTIVE heart failure</b>		INTERVAL BETWEEN ONSET AND DEATH <b>2 wks</b>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Chronic nephritis</b>		
	DUE TO (c) <b>Diabetes mellitus</b>		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			<b>592X</b>
			<b>10 year +</b>

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from May, 1945, to Apr 22, 1949, that I last saw the deceased alive on Apr 21, 1949, and that death occurred at 1:45 a.m., from the causes and on the date stated above.

23a. SIGNATURE <b>V. H. Greening, M.D.</b>	(Degree or title)	23b. ADDRESS <b>Puxico Mo.</b>	23c. DATE SIGNED <b>4/25/49</b>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24b. DATE <b>April 24th</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Puxico Cemetery</b>	24d. LOCATION (City, town, or county) (State) <b>Puxico Mo.</b>
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DATE REC'D BY LOCAL REG. <b>4-25-49</b>	REGISTRAR'S SIGNATURE <b>Floyd Morgan</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>Floyd Morgan</b>	ADDRESS <b>Puxico Mo.</b>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

RECEIVED  
District Health Office No. 2,  
District File Number 54-531  
Date Filed 5-3-49

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 \_\_\_\_\_

Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student \_\_\_\_\_  
Student Embalmer

Signed Ira E. Meadows

Licensed Embalmer No. 4637

P. O. Address Pupico, 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.