

FILED MAY 24 1951

STANDARD CERTIFICATE OF DEATH

State File No. 19128
20

BIRTH NO. _____		REG. DIST. NO. 322		PRIMARY REG. DIST. NO. 4482		Registrar's No. _____				
1. PLACE OF DEATH a. COUNTY SCOTLAND				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Mo. b. COUNTY SCOTLAND						
b. CITY OR TOWN RURAL W. JEFF		c. LENGTH OF STAY (If in place) 4 YRS		c. CITY OR TOWN RURAL W. JEFFERSON		d. STREET ADDRESS 0940				
d. FULL NAME OF HOSPITAL OR INSTITUTION				d. STREET ADDRESS (If rural, give location)						
3. NAME OF DECEASED (Type or Print) (First) (Middle) (Last) MARTHA NIGHTINGALE			4. DATE OF DEATH (Month) (Day) (Year) MAY 13 1951							
5. SEX F	6. COLOR OR RACE W.	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) WIDOWED		8. DATE OF BIRTH 2 MAY 18, 1881		9. AGE (In years last birthday) 69	IF UNDER 1 YEAR Months	IF UNDER 24 HRS. Days	IF UNDER 1 MIN. Hours	IF UNDER 1 MIN. Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSE KEEPER			10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) PRARIE CITY IOWA		12. CITIZEN OF WHAT COUNTRY? U.S.A.			
13a. FATHER'S NAME JOHN VROOM			13b. MOTHER'S MAIDEN NAME SOPHIA PEPPEL			14. NAME OF HUSBAND OR WIFE HARRY NIGHTINGALE				
15. WAS DECEASED EVER, IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No			16. SOCIAL SECURITY NO. NONE		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Nellie Griffith MEMPHIS					
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, asthenia, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Nephritis ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Arteriosclerosis DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH 14 1/2 10 years		
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 446X					20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
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)						
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?						
22. I hereby certify that I attended the deceased from Sept 1950 1950 to May 13, 1951, that I last saw the deceased alive on May 13, 1951, and that death occurred at 3:00 P. m., from the causes and on the date stated above.										
23a. SIGNATURES (Name or title) E. C. Hilffilias				23b. ADDRESS Memphis, Tenn		23c. DATE SIGNED 5/16/51				
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24b. DATE 5-15-1951	24c. NAME OF CEMETERY OR CREMATORY MEMPHIS		24d. LOCATION (City, town, or county) (State) MEMPHIS Mo.					
DATE REC'D BY LOCAL REG. 5/17/51		REGISTRAR'S SIGNATURE O. M. Baker 407		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS W. Wayne & Sons Memphis Mo.						

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

AUG 9 1954

1954
MAY 21 1951

Date Received: MAY 21 1951

DISTRICT HEALTH OFFICE #2

District File Number 7-51-943

Date Filed: MAY 22 1951

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 Neal Payne

Licensed Embalmer No. 2550

P. O. Address Memphis 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.