

STANDARD CERTIFICATE OF DEATH

State File No. 1948

Registration District No. 130

Primary Registration District No. 5-174A

Registrar's No.

1. PLACE OF DEATH:

(a) County: Cape Girardeau, Mo.
(b) City or town: Forestville, Rural
(c) Name of hospital or institution:

(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution: 1
(Specify whether)

In this community: 352
years, months or days

3. (a) PRINT FULL NAME: JAMES NATIONS

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

4. Sex: Male 5. Color or race: White 6. (a) Single, widowed, married, divorced: Widowed

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

7. Birth date of deceased: Feb. 8 1855
(Month) (Day) (Year)

8. AGE: Years: 84 Months: 11 Days: 21 If less than one day: _____ hr. _____ min.

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

10. Usual occupation: Farmer

MOTHER FATHER

12. Name: Dot Eugene

13. Birthplace: North Carolina
(City, town, or county) (State or foreign country)

14. Maiden name: Dot Eugene

15. Birthplace: North Carolina
(City, town, or county) (State or foreign country)

16. (a) Informant: J. N. Nations

(b) Address: Swinton, Mo.

17. (a) Liberty Hill Co. Mo. (b) Date thereof: Jan 20, 1940
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation: Liberty Hill Co. Mo.

18. (a) Signature of funeral director: Clayton Morgan

(b) Address: Advance, Mo.

19. (a) _____ (b) _____
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State: Missouri (b) County: Stoddard

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

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

(e) If foreign born, how long in U. S. A.: _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month: Jan day: 28
year: 1940 hour: 8:15 minute: A M.

21. I hereby certify that I attended the deceased from Jan 25
Jan 25, 1940, to Jan 28, 1940,
that I last saw him alive on Jan 25th, 1940,
and that death occurred on the date and hour stated above.

Immediate cause of death: Lobar Pneumonia and Influenza

Due to: _____

Due to: 110

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

Major findings: _____
Of operations: _____

Of autopsy: _____

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) (e) Means of injury: _____

23. Signature: H. E. Lewis M.D. (M. D. or other)

Address: Bell City Mo Date signed: 2/4/40

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

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.....

Lloyd S. Morgan

Licensed Embalmer No. *3261*

P. O. Address *Advance, W.*

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, above space should be left blank.

