

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

FILED FEB 22 1940

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

2942
Do not use this space.

1. PLACE OF DEATH:
 (a) County Linn Registration District No. 497
 (b) Township 0 Primary Registration District No. 4300 Registered No. 2
 (c) City Browning (d) Street No. _____ St.
 (If death occurred in Hospital or Institution, write its name instead of street and number)
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Mrs. Nancy Elizabeth White
 (a) Residence, No. Browning, Mo. St. (If nonresident, give city or town and State)
 (Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Widowed

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan. 26th 1885

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
	84	11	26	

OCCUPATION

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. _____
 9. Industry or business in which work was done, as saw mill, bank, etc. Invalid
 10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Linn, Mo.

FATHER

13. NAME Chas. King

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown

MOTHER

15. MAIDEN NAME Elizabeth Cottel

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown

17. INFORMANT (ADDRESS) Ordie Swisegood, Browning, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE White Oak Cemetery DATE Jan. 24, 1940

19. FUNERAL DIRECTOR (NAME) (ADDRESS) A. F. Furr, Browning, Mo.

20. FILED Jan. 24, 1940 Mrs. Ella Williams Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan. 23rd 1940

22. I HEREBY CERTIFY, That I attended deceased from Jan. 19, 1940, to Jan. 19, 1940.
 I last saw her alive on Jan. 19, 1940. Death is said to have occurred on the date stated above, at 6 A. M.
 The principal cause of death and related causes of importance were as follows:
Cardiac Insufficiency
95%
 Other contributory causes of importance:
Uremia

Name of operation None Date of _____
 What test confirmed diagnosis? The Exam. Was there an autopsy? _____

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? _____ Date of injury _____, 19____
 Where did injury occur? _____ (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place. _____

Manner of injury _____
 Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? No
 If so, specify _____
44 (Signed) H. Deering Wolf M.D.
 (Address) Browning, Mo.

Date of onset
10-9-1-40
1939

RECEIVED
District Health Officer No. 111
District File Number.....240-85
Date Filed.....FEB 9 1940

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.....

A. J. Rivera....., Registered Apprentice No.....
working under my personal supervision.

Signed.....*A. J. Rivera*.....
Licensed Embalmer No. *1407*.....
P. O. Address.....*Provincetown, Mass.*.....

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.