

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

NOV 20 1940 FEB 9

Registration District No. 620 Primary Registration District No. 5822 Registrar's No. \_\_\_\_\_

1. PLACE OF DEATH:  
 (a) County Madawasky  
 (b) City or town Conception  
 (If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution:  
Conception  
 (If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution X (Specify whether  
 In this community 25 years (Specify whether  
 years, months or days) nil

2. USUAL RESIDENCE OF DECEASED:  
 (a) State Mo (b) County Madawasky  
 (c) City or town Conception  
 (If outside city or town limits, write "RURAL")  
 (d) Street No. Conception  
 (If rural, give location)  
 (e) If foreign born, how long in U. S. A. \_\_\_\_\_ years.

3. (a) PRINT FULL NAME NANCY LEOTA TANNEHILL  
 3. (c) Social Security No. X  
 3. (b) If veteran, name war X

4. Sex Female 5. Color or race white 6. (a) Single, widowed, married, divorced married  
 6. (b) Name of husband or wife Thomas Age of husband or wife if alive 63 years  
 7. Birth date of deceased Dec 4 1877  
 (Month) (Day) (Year)

8. AGE: Years 63 Months 10 Days \_\_\_\_\_ If less than one day hr. min.

9. Birthplace Guilford (City, town, or county) Mo (State or foreign country)  
 10. Usual occupation housewife  
 11. Industry or business X  
 12. Name Thomas Flanagan  
 13. Birthplace Guilford (City, town, or county) Mo (State or foreign country)  
 14. Maiden name unknown  
 15. Birthplace unknown (City, town, or county) (State or foreign country)

MOTHER FATHER  
 16. (a) Informant's own signature Mary Johnson  
 (b) Address Guilford Mo  
 17. (a) Guilford Mo Date thereof (Month) (Day) (Year)  
 (Burial, cremation, or removal) (Month) (Day) (Year)  
 (c) Place: burial or cremation Guilford Mo  
 18. (a) Signature of funeral director J. H. Johnson  
 (b) Address Guilford Mo  
 19. (a) Jan 17 1940 (b) J. M. Boyles  
 (Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION  
 20. DATE OF DEATH: Month 14 day Jan  
 year 1940 hour 12 10 minute P. M.  
 21. I hereby certify that I attended the deceased from May 1 1934  
 \_\_\_\_\_, 19\_\_\_\_, to Jan 14, 1940  
 that I last saw h. ev alive on Dec 14, 1939  
 and that death occurred on the date and hour stated above.

Immediate cause of death acute myocarditis Duration \_\_\_\_\_  
 Due to \_\_\_\_\_  
 Due to \_\_\_\_\_  
 Other conditions Hypertension of  
 (include pregnancy within 3 months of death) hypertension  
 Major findings: Of operations none Of autopsy none  
 PHYSICIAN \_\_\_\_\_  
 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) no  
 (b) Date of occurrence no  
 (c) Where did injury occur? none (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 J. M. Boyles (M. D. or other)  
 Address Conception Date signed \_\_\_\_\_

RECEIVED

District Health Officer No. 11,

District File Number 240-2

Date Filed JAN 31 1940

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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.....

J. Fred Terhune, Registered Apprentice No. 1279  
working under my personal supervision.

Signed J. Fred Terhune  
Licensed Embalmer No. 1279

P. O. Address.....

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.



S-3240