

Registration District No. **12**

Primary Registration District No. **5941**

Registrar's No. **1**

1. PLACE OF DEATH:
(a) County Paluski
(b) City or town Hannas Liberty
(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 2 (Specify whether _____)
In this community Lifes years, months or days (Specify whether _____)

3. (a) PRINT FULL NAME Ollie Elizabeth Necker
8. (b) If veteran, name war _____ 8. (c) Social Security No. _____

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife James Albert Necker 6. (c) Age of husband or wife if alive 55 years
Birth date of deceased Aug 4 1889 (Month) (Day) (Year)

8. AGE: Years 50 Months 6 Days 4 If less than one day _____ hr. _____ min.

9. Birthplace Bloodland Mo (City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business _____

12. Name A. L. Brown

13. Birthplace Bloodland Mo (City, town, or county) (State or foreign country)

14. Maiden name Nancy Bullard

15. Birthplace Bloodland Mo (City, town, or county) (State or foreign country)

16. (a) Informant's own signature James N Necker

(b) Address Hanna Mo

17. (a) Home (Burial, cremation, or removal) (b) Date thereof 1-12-48 (Month) (Day) (Year)

(c) Place: burial or cremation Idemur Cemetery

18. (a) Signature of funeral director R B Jasper

(b) Address Richland Mo

19. (a) Jan 10 1940 (Date received local registrar) (b) Ernest A. Oliver (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo (b) County Paluski
(c) City or town Bloodland (If outside city or town limits, write "RURAL")
(d) Street No. Rural Hannas Liberty (If rural, give location) township
(e) If foreign born, how long in U. S. A. _____ years.

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Jun, day 10, year 1940 hour 6: minute _____ P.M.
21. I hereby certify that I attended the deceased from 1-3-1937, 1937, to 1-10-1940, 1940; that I last saw her alive on 1-2-1940, and that death occurred on the date and hour stated above.

Immediate cause of death Explosion (Cold)
val. rupture of
Due to heart 3 years

Due to ADW
Other conditions Arteriosclerosis (Include pregnancy within 3 months of death)

Major findings: Of operations none
Of autopsy none

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 R B Jasper (M. D. or other) _____
Address Richland Mo signed 1-10-40

PHYSICIAN
Underline the cause to which death should be charged statistically

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.

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.

RECEIVED
Not Recorded
District Health Officer No. 5,
District File Number 240208
Date Filed 21440

Signed RB Lupew
Licensed Embalmer No. 3198
P. O. Address Richard M

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.