

FEB 25 1941

Registration District No. 355

Primary Registration District No. 5337

Registrar's No.

4600  
WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH: Howell  
 (a) County Howell  
 (b) City or town Mtn View, Mo. R#1  
(If outside city or town limits, write "RURAL" and name of township)  
 (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 \_\_\_\_\_  
(Specify whether)  
 In this community 5 years  
years, months or days

3. (a) PRINT FULL NAME MRS. Alitha Nice  
 3. (b) If veteran, name war \_\_\_\_\_  
 3. (c) Social Security No. \_\_\_\_\_

4. Sex Female 5. Color or race White  
 6. (a) Single, widowed, married, divorced 2

6. (b) Name of husband or wife \_\_\_\_\_  
 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased Aug 18 1849  
(Month) (Day) (Year)

8. AGE: Years 96 Months 4 Days 17  
If less than one day (hr. min.)

9. Birthplace Barthelemy, La. Ind.  
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business  
 12. Name William Clark  
 13. Birthplace \_\_\_\_\_  
(City, town, or county) (State or foreign country)  
 14. Maiden name Sarah Lewis  
 15. Birthplace \_\_\_\_\_  
(City, town, or county) (State or foreign country)

16. (a) Informant A. E. Nice  
 (b) Address Mtn. View, R#1

17. (a) Buried (b) Date thereof 1-7-41  
(Burial, cremation, or removal) (Month) (Day) (Year)  
 (c) Place: burial or cremation Walker Chapel

18. (a) Signature of funeral director W. B. ...  
 (b) Address West ...

19. (a) 1-13-41 (b) Nanette Ferguson  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:  
 (a) State Mo (b) County Howell  
 (c) City or town Mtn. View - Rural  
(If outside city or town limits write "RURAL")  
 (d) Street No. R#1  
(If rural, give location)  
 (e) If foreign born, how long in U. S. A? U.S.A. years.

MEDICAL CERTIFICATION  
 20. DATE OF DEATH: Month 1 day 5  
 year 1941 hour 12:30 minute \_\_\_\_\_ P. M.

21. I hereby certify that I attended the deceased from 1-4-41 to 1-5-41, 1941,  
 that I last saw him alive on 1-5-41, 1941,  
 and that death occurred on the date and hour stated above.

Immediate cause of death Influenza  
 Duration 1 wk.

Due to General Senility

Due to \_\_\_\_\_

Other conditions (include pregnancy within 3 months of death) \_\_\_\_\_

PHYSICIAN  
 Major findings: \_\_\_\_\_  
 Of operations: \_\_\_\_\_  
 Of autopsy: \_\_\_\_\_  
 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) \_\_\_\_\_  
 (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?  
Yes

While at work? \_\_\_\_\_  
(Specify type of place) (e) Means of injury

23. Signature C. R. Howell (M. D. or other) \_\_\_\_\_  
 Address Mtn. View Mo. Date signed 1-6-41

RECEIVED

District Health Officer No. 5,

District File Number. 241173

Date Filed .....

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 .....

Paige D Robertson Registered Apprentice No. ....  
working under my personal supervision.

Signed Paige D Robertson

Licensed Embalmer No. 3435

P. O. Address West Plains

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.