

APR 2 1941
Registration District No. 660

Primary Registration District No. 5875a

Registrar's No. _____

1. PLACE OF DEATH:

(a) County Perry
(b) City or town 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 7 Hours
In this community 7 Hours
(Specify whether years, months or days)

8. (a) PRINT FULL NAME Mary Eva Nanney

8. (b) If veteran, name war _____ 8. (c) Social Security No. _____
Female / 5. Color White 6. (a) Single, widowed, married, divorced, Married
4. Sex _____ race _____ 6. (b) Name of husband or wife J. F. Nanney 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased October 4 1881
(Month) (Day) (Year)

8. AGE: Years 59 Months 3 Days 15 If less than one day _____ hr. _____ min.

9. Birthplace Perry County Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business _____

MOTHER FATHER { 12. Name Tyman Tucker
18. Birthplace Missouri
14. Maiden name Ambrosia Mattingly
15. Birthplace Missouri

16. (a) Informant J. F. Nanney
(b) Address Farmington, Mo. R.R. 1
17. (a) Burial (b) Date thereof 1/22/41
(c) Place: burial or cremation Perryville, Mo.

18. (a) Signature of funeral director Richardson Funeral Home
(b) Address Farmington, Missouri

19. (a) Jan 22 - 41 (b) Joe J. Zoller
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Francois
(c) City or town rural Route 1, Farmington.
(d) Street No. _____
(e) If foreign born, how long in U. S. A.? 1 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 19
year 1941 hour 9 minute _____ P.M.

21. I hereby certify that I attended the deceased from Dec 30, 1940 to Dec 18, 1941; that I last saw her alive on Jan 18, 1941; and that death occurred on the date and hour stated above.

Immediate cause of death Concussion of Uterus Duration 2 yrs.

Due to _____

Due to _____

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? _____
(d) Did injury occur in or about home, on farm, in industrial place, in public place? 5015
While at work _____ (Specify type of place) (e) Means of injury _____

23. Signature Geo. H. Walker (M. D. or other) _____
Address Farmington Mo. Date signed Jan 22 - 41

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 Paul Dugal

Licensed Embalmer No. 4120

P. O. Address Farmington Mo

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.