

Registration District No. 29990

Primary Registration District No. 57315133

Registrar's No. 275

1. PLACE OF DEATH:

(a) County Butler
(b) City or town Wappapello
(c) Name of hospital or institution: Little Brushy District
(d) Length of stay: In hospital or institution 40 years
In this community 40 years

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Butler
(c) City or town Wappapello
(d) Street No. Little Brushy District
(e) If foreign born, how long in U. S. A.? 0 years.

3. (a) PRINT FULL NAME Nancy Ellen Conner

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

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

6. (b) Name of husband or wife Matt 6. (c) Age of husband or wife if alive 15 years

7. Birth date of deceased January 15 1926
(Month) (Day) (Year)

8. AGE: Years 86 Months 5 Days 23
If less than one day _____ hr. _____ min.

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

10. Usual occupation Housewife

11. Industry or business Home

12. Name Tom Dowdy
13. Birthplace Kentucky

14. Maiden name Unknown
16. Birthplace Unknown

16. (a) Informant Matt Conner

(b) Address Wappapello Mo

17. (a) Burial (b) Date thereof July 9 1941
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Little Brushy

18. (a) Signature of funeral director Greer Croy Service

(b) Address Poplar Bluff, Mo

19. (a) 7/9/41 (b) [Signature]
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 8
year 1941 hour 3 minute P. M.

21. I hereby certify that I attended the deceased from June 15, 1941, to July 8, 1941, that I last saw him alive on July 3, 1941, and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral hemorrhage

Due to _____
Due to 930
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) no
(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?

While at work? _____
23. Signature [Signature] (M. D. or other) D
Address Poplar Bluff, Mo Date signed 7-9-41

012
0
0

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

Miss Lutz

RECEIVED

District Health Officer No.

District No. Number 8-1-99

Date Filed 8-6-41

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 _____

not embalmed, Registered Apprentice No. _____
working under my personal supervision.

Signed _____

Licensed Embalmer No. _____

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.