

FILLED NOV 14 1941

Registration District No. **328**

Primary Registration District No. **3017**

Registrar's No. _____

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

1. PLACE OF DEATH:
 (a) County **GRUNDY**
 (b) City or town **TRENTON**
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: **WRIGHT MEMORIAL HOSP**
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution _____
 In this community **2 days** _____
 years, months or days) (Specify whether)

2. USUAL RESIDENCE OF DECEASED:
 (a) State **MISSOURI** (b) County **GRUNDY 040**
 (c) City or town **TRENTON**
 (If outside city or town limits, write "RURAL")
 (d) Street No. **830 - West 15th St**
 (If rural, give location)
 (e) Citizen of foreign country? **NO** (Yes or No)
 If yes, name country _____

3. (a) PRINT FULL NAME **MAMIE ODELL NORDYKE**
 (b) If veteran, name war _____
 (c) Social Security No. **NONE**

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month **Oct** day **24**
 year **1941** hour **10:20** minute **P** M.

4. Sex **Female** 5. Color or race **white** 6. (a) Single, widowed, married, divorced **Married**
 (b) Name of husband or wife **Edwin Nordyke** (c) Age of husband or wife if alive **70** years
 7. Birth date of deceased **April 18, 1873**
 (Month) (Day) (Year)

21. I hereby certify that I attended the deceased from **Oct 1st** to **Oct 7th**, 19**41**.
 that I last saw her alive on **Oct 7th**, 19**41**.
 and that death occurred on the date and hour stated above.

8. AGE: Years **68** Months **5** Days **19** If less than one day _____ hr. _____ min.

Immediate cause of death: **My Gangrene of Left Leg** **4 days**
 Due to **Arteriosclerosis** **1 year**

9. Birthplace **Lumpkin County, Missis**
 (City, town, or county) (State or foreign country)

Due to **Do not know**
 Other conditions _____
 (Include pregnancy within 3 months of death)

10. Usual occupation **Housewife**

11. Industry or business **Home**

12. Name **Mamma Ware**

13. Birthplace **Lumpkin County, Missis**
 (City, town, or county) (State or foreign country)

14. Maiden name **Elizabeth Landerdale**

15. Birthplace **Lumpkin County, Missis**
 (City, town, or county) (State or foreign country)

16. (a) Informant **C. E. Nordyke**
 (b) Address **Trenton, Mo.**

17. (a) **burial** (b) Date thereof **Oct. 10, 1941**
 (Burial, cremation, or removal) (Month) (Day) (Year)

18. (a) Signature of funeral director **James A. Davis**
 (b) Address **Trenton, Mo.**

19. (a) **10-10-41** (b) **J. E. [Signature]**
 (Date received local registrar) (Registrar's signature)

Major findings: **Left Thigh amputated**
 Of operations **Oct 6th 1941**
 Of autopsy _____

Duration
4 days
1 year
 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) _____
 (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?

 (Specify type of place) (e) Means of injury _____
 23. Signature **Oliver T. Duff** (M. D. or other) **M.D.**
 Address **Trenton, Mo.** Date signed **Oct 24 - 1941**

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.....

Robert B. Davis Myself....., Registered Apprentice No.....
working under my personal supervision.

Signed..... *Robert B. Davis*.....

Licensed Embalmer No. *4219*.....

P. O. Address *Tulenton, 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, fact should be so stated above.