

DEC 16 1941

Registration District No. **30**

Primary Registration District No. **3003**

Registrar's No. **52**

1. PLACE OF DEATH:

(a) County **Barry**
(b) City or town **Monett, Mo.**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
611 9th. St.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
(Specify whether
In this community _____
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Barry**
(c) City or town **Monett**
(If outside city or town limits, write "RURAL")
(d) Street No. **611 9th. St.**
(If rural, give location)
(e) Citizen of foreign country? **No** (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Nov** day **15**
year **1941** hour **?** minute **? A** M.
21. I hereby certify that I attended the deceased from
? **1941** to **?** **1941**
that I last saw him alive on **Nov ?** **1941**
and that death occurred on the date and hour stated above.

Immediate cause of death
Significant signs
Duration
?

Due to _____
Due to _____
Other conditions
(Include pregnancy within 3 months of death)
162 hr

Major findings:
Of operations _____
Of autopsy **to**
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?
While at work? _____
(Specify type of place) (e) Means of injury _____
23. Signature **J. Russell** (M. D. or other) _____
Address **Monett Mo** Date signed **11-17-41**

3. (a) PRINT FULL NAME

Mary Elizabeth Nolan

3. (b) If veteran, name war _____

3. (c) Social Security No. **None**

4. Sex **Female**
5. Color or face **W**

6. (a) Single, widowed, married, divorced **Widowed**

6. (b) Name of husband or wife
John Nolan

6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased **Don't know positively**
(Month) (Day) (Year)

8. AGE: Years **About 93** Months _____ Days _____
If less than one day _____ hr. _____ min.

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

10. Usual occupation **At Home**

11. Industry or business _____

12. Name **Job Rome**

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

14. Maiden name **Don't know**

15. Birthplace **Don't know**
(City, town, or county) (State or foreign country)

16. (a) Informant **Mrs. Fred Lillas**

(b) Address **R. #1, Monett, Mo.**

17. (a) **Burial** (b) Date thereof **11-17-41**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **L.O.O.F. Cemetery**

18. (a) Signature of funeral director **Callaway**

(b) Address **Monett Mo**

19. (a) **11-17-41** (b) **W. M. West**
(Date received local registrar) (Registrar's signature)

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

RECEIVED

District Health Officer No. 6,

District File Number 1241-1831

Date Filed DEC 11 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.....

....., Registered Apprentice No.....

working under my personal supervision.

Signed.....

Phyllis Callaway

Licensed Embalmer No. 2066

P. O. Address Monett 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.