

FILED FEB 16 1942

Registration District No. 607

Primary Registration District No. 8809

Registrar's No. 19

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

1. PLACE OF DEATH:

(a) County. New York
(b) City or town. Rural - West Canton, Sup.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Goodman Mo. T.F.D. # 2
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution. 5 yrs.
(Specify whether years, months or days)

3. (a) PRINT FULL NAME Nancy Durham

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

4. Sex Female 5. Color or race White 5. (a) Single, widowed, married, divorced. Widowed
6. (b) Name of husband or wife. ✓ 6. (c) Age of husband or wife if alive. 10 years
7. Birth date of deceased. Jan. 10 - 1860
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
82 0 19 hr. min.

9. Birthplace. Mo. 0
(City, town, or county) (State or foreign country)

10. Usual occupation. Housewife

11. Industry or business. ✓

MOTHER FATHER { 12. Name. Thomas Day
13. Birthplace. Unknown Mo. 0
(City, town, or county) (State or foreign country)
14. Maiden name. Melina Pemberton
15. Birthplace. Unknown Mo. 0
(City, town, or county) (State or foreign country)

16. (a) Informant. Nora Arnold
(b) Address. Goodman Rt 2
17. (a) Burial (b) Date thereof 1-30-42
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation. Oregon and Cemetery

18. (a) Signature of funeral director. Chas. Williams
(b) Address. Goodman Mo.
19. (a) 2-2-1942 (b) Boyle Thompson
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State. Mo. (b) County. Newton
(c) City or town. Goodman T.F.D. # 20
(If outside city or town limits, write "RURAL")
(d) Street No. ✓
(If rural, give location)
(e) Citizen of foreign country? ✓ (Yes or No)
If yes, name country ✓

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 29
year 1942 hour 10 minute 55 AM

21. I hereby certify that I attended the deceased from Jan 20 - 42
to Jan 29 1942
that I last saw him alive on Jan 29 1942
and that death occurred on the day and hour stated above.

Immediate cause of death. Cerebral Depletion
Due to Broncho. Pneumonia
Due to Influenza
Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations. 330
Of autopsy. 330
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. J. McDaniel (M. D. or other)
Address Newton Mo Date signed 2-1-42

RECEIVED

District Health Officer No. 6,

District File Number 242-250

Date Filed FEB 13 1942

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.....

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, fact should be so stated above.