

FILED APR 14 1942

Registration District No. \_\_\_\_\_

Primary Registration District No. 3003

1. PLACE OF DEATH:

(a) County Barry  
(b) City or town Monett  
(If outside city or town limits, write "RURAL" and name of township)  
(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 1 (Specify whether \_\_\_\_\_)  
In this community 1 years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County Barry 005  
(c) City or town Monett 2  
(If outside city or town limits, write "RURAL") \_\_\_\_\_  
(d) Street No. Bond 1  
(If rural, give location) \_\_\_\_\_  
(e) Citizen of foreign country? no (Yes or No)  
If yes, name country 0

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 22  
year 1942 hour 1 minute 00 A.M.  
21. I hereby certify that I attended the deceased from Dec 14 1941 to \_\_\_\_\_ 19\_\_\_\_;  
that I last saw him alive on Mar. 20 1942  
and that death occurred on the date and hour stated above.  
Immediate cause of death Acute Myocarditis Duration \_\_\_\_\_

3. (a) PRINT FULL NAME Nancy Marie Waltrip

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

4. Sex female 5. Color or race white 6. (a) Single, widowed, married, divorced widowed  
6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if alive ✓ years  
7. Birth date of deceased Feb. 17, 1862  
(Month) (Day) (Year)

8. AGE: Years 80 Months 1 Days 5 If less than one day \_\_\_\_\_ hr. ✓ min. \_\_\_\_\_

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

10. Usual occupation Housewife

11. Industry or business \_\_\_\_\_

12. Name Holland

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

14. Maiden name Matilda Coats

15. Birthplace MO  
(City, town, or county) (State or foreign country)

16. (a) Informant Ralph Waltrip

(b) Address Monett, MO

17. (a) Burial (b) Date thereof Mar. 23-1942  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Cassiana cemetery

18. (a) Signature of funeral director R. H. Blawie

(b) Address 206-3rd Monett MO

19. (a) 3-23-1942 (b) Mo. Leo Harman  
(Date received local registrar) (Registrar's signature)

Due to Chronic Parenchymatous

Due to Asteria Sclerosis

Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_

Major findings: Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

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 R. H. Blawie (M. D. or other) MO

Address Monett MO Date signed 3-23-42

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

005  
2  
1

MOTHER FATHER

1318

10/5

RECEIVED

District Health Officer No. 6,

District File Number 442-502

Date Filed APR 11 1942

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**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 B. H. Blankenship

Licensed Embalmer No. 2397

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.**