

3 No. 2
4-13-40
5-17-39
X23159

State File No. _____

Registration District No. 47

Primary Registration District No. 3008

Registrar's No. 353

1. PLACE OF DEATH: Callaway
 (a) County _____
 (b) City or town Jubilee
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: State Hosp. No 1
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 9 mo 16 da
 (Specify whether years, months or days)
 In this community 9 mo 16 da

2. USUAL RESIDENCE OF DECEASED: Warren 14
 (a) State Mo (b) County Callaway 1
 (c) City or town Warrenton 2
 (If outside city or town limits, write "RURAL")
 (d) Street No. _____ (If rural, give location)
 (e) If foreign born, how long in U. S. A.? 0 years.

3. (a) PRINT FULL NAME Mrs Nellie Winterx
 3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month Nov day 11
 year 1942 hour 5 minute 45 A. M.
 21. I hereby certify that I attended the deceased from Oct 11, 1942 to Nov. 11, 1942
 and that I last saw her alive on Nov. 10, 1942
 and that death occurred on the date and hour stated above.

4. Sex Female 5. Color or race white
 6. (a) Single, widowed, married, divorced, widow
 (b) Name of husband or wife Henry Masler 6. (c) Age of husband or wife if alive _____ years
 7. Birth date of deceased: Oct 5 1870
 (Month) (Day) (Year)

Immediate cause of death Chronic Myo cardi
 Due to Generalized atherosclerosis
 Due to _____

8. AGE: Years 72 Months 1 Days 6
 If less than one day _____ hr. _____ min.

Other conditions (include pregnancy within 3 months of death) 93d
 Major findings: Of operations _____
 Of autopsy _____

9. Birthplace Warren County Mo 0
 (City, town, or county) (State or foreign country)
 10. Usual occupation Housewife

11. Industry or business _____
 MOTHER FATHER { 12. Name Nathan Morrison
 13. Birthplace Warren County Mo 0
 (City, town, or county) (State or foreign country)
 14. Maiden name Kate Wilson
 15. Birthplace Ireland H
 (City, town, or county) (State or foreign country)

PHYSICIAN _____
 Underline the cause to which death should be charged statistically.

16. (a) Informant Edward Morrison
 (b) Address St. Louis Mo
 17. (a) Burial (b) Date thereof Nov. 13, 1942
 (Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation Warrenton Mo
 18. (a) Signature of funeral director W. Heebing & Co.
 (b) Address Warrenton Mo
 19. (a) 11-11-1942 (b) Josie Morrison
 (Date received local registrar) (Registrar's signature)

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 Thomas J. Moran (M. D. or other) _____
 Address State Hospital No 1 Date signed 11/11/42

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

14
1
2

1147

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.....

John T. Melburn

Licensed Embalmer No.....

3897

P. O. Address.....

Warrenton, 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.