

Registration District No. 251

Primary Registration District No. 3048

Registrar's No. 185

1. PLACE OF DEATH:

(a) County Madison

(b) City or town Conception Jct. Mo

(c) Name of hospital or institution St. Mary's  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether years, months or days)

In this community \_\_\_\_\_

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County Madison

(c) City or town Conception Jct. MO  
(If outside city or town limits, write "RURAL")

(d) Street No. \_\_\_\_\_ (If rural, give location)

(e) Citizen of foreign country? NO (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME CHARLES B. NATHMAN

3. (b) If veteran, name war \_\_\_\_\_

3. (c) Social Security No. NO

4. Sex M 5. Color or race W

6. (a) Single, widowed, married 2 divorced

6. (b) Name of husband or wife \_\_\_\_\_

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

7. Birth date of deceased 10-9-1885  
(Month) (Day) (Year)

8. AGE: Years 57 Months 2 Days 4  
If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

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

10. Usual occupation Driver & Transfer

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

12. Name John Nathman

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

14. Maiden name Emma Dickbach

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

16. (a) Informant Myself and sister

(b) Address Clyde MO

17. (a) Burial, cremation, or removal Buried (b) Date thereof 12-16-42  
(Month) (Day) (Year)

(c) Place: burial or cremation Conception MO

18. (a) Signature of funeral director Walter J. Miller

(b) Address Conception Jct MO

19. (a) 12-15-42 (b) Mary Cole  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 12 day 13  
year 42 hour 8 minute 30 P. M.

21. I hereby certify that I attended the deceased from Sept 24  
1942 to 12-13, 1942  
that I last saw him alive on 12-13, 1942  
and that death occurred on the date and hour stated above.

Immediate cause of death Asymetrical 2, 3, 4th cervical vertebra with  
Paralysis due to contracture  
& dislocation of 2, 3, 4th  
cervical vertebra  
Infection of face  
and neck Aug 1942

Due to \_\_\_\_\_

Due to \_\_\_\_\_

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

PHYSICIAN

Major findings: \_\_\_\_\_

Of operations \_\_\_\_\_

Of autopsy 195 & 199

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)

Means of injury \_\_\_\_\_

23. Signature M. Barber (M. D.)  
Address Conception Jct. Mo Date signed 12-14-42

74  
2  
WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

REC'D 12 10 1938

**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 Laton Phillips

Licensed Embalmer No. 1898

P. O. Address Stampery m

**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.**