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Registration District No. Primary Registration District No. 5298

Registrar's No. 31-36

1. PLACE OF DEATH:

(a) County Clinton
(b) City or town Rural Lafayette
(c) Name of hospital or institution: 1
(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 Clinton
(c) City or town rural
(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 _____

3. (a) PRINT FULL NAME NANCY ALICE COSTIN

3. (b) If veteran, name war no 3. (c) Social Security No. none

4. Sex Female 5. Color or race white 6. (a) Single, widowed, married 2 divorced widowed

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

7. Birth date of deceased June 28 1892
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	87	1	3	hr. min.

9. Birthplace _____ (City, town, or county) Missouri (State or foreign country)

10. Usual occupation Home Keeper

11. Industry or business _____

12. Name Ruben Bryant

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

14. Maiden name Mary Harbison

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

16. (a) Informant Mrs. Hazel Everett

(b) Address Stewartville Mo

17. (a) Funeral (b) Date thereof 8-2-43
(burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Funeral

18. (a) Signature of funeral director F. J. Taylor

(b) Address Stewartville Mo

19. (a) 7-31-43 (b) M. A. Hartell
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 31 year 1943 hour _____ minute 6:30 P.M.

21. I hereby certify that I attended the deceased from July 1st 1943 to July 31st 1943 that I last saw him alive on July 31st 1943 and that death occurred on the date and hour stated above.

Immediate cause of death Arterio Sclerosis
Chronic Myocarditis

Due to _____
Due to _____

Other conditions _____ (Include pregnancy within 3 months of death)

Major findings: _____
Of operations _____
Of autopsy _____

Duration _____
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) (Means of injury)

23. Signature L. D. Reynolds (M. D. or other) _____

Address Stewartville Mo Date signed _____

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

MOTHER FATHER

1075

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. 952

R.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.