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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED OCT 9 1943

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 31364

Registration District No. 53

Primary Registration District No. 3010

Registrar's No. 307

1. PLACE OF DEATH:

(a) County Cape Girardeau

(b) City or town " "
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: St Francis Hospital 0
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 1 day (Specify whether
In this community 1 day
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Cape Girardeau 16

(c) City or town Rural 0
(If outside city or town limits, write "RURAL")

(d) Street No. Millersville Mo. 0
(If rural, give location)

(e) Citizen of foreign country? no (Yes or No)

If yes, name country 1

3. (a) PRINT FULL NAME Verginia Lee Nanney

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex F

5. Color or race W

6. (a) Single, widowed, married, divorced single 0

6. (b) Name of husband or wife

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

7. Birth date of deceased Sept (Month) 11 (Day) 1943 (Year)

8. AGE: Years | Months | Days 18. | If less than one day hr. min.

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

10. Usual occupation Infant

11. Industry or business

FATHER
12. Name Lester Nanney
13. Birthplace Marble Hill Mo. Mo. 0
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Bessie Masters
15. Birthplace Bedgewicksville Mo 0
(City, town, or county) (State or foreign country)

16. (a) Informant Lester Nanney
(b) Address Millersville Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Sept 30 1943 (Month) (Day) (Year)
(c) Place: burial or cremation Lesley Cemetery

18. (a) Signature of funeral director McCombs & Co
(b) Address Jackson Mo.

19. (a) 10-4-43 (Date received local registrar) (b) F. H. Phelps (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept. day 29
year 1943 hour 2 minute 30 a.M.

21. I hereby certify that I attended the deceased from 9-21-43
~~9-29~~ 19~~43~~, to 9-29 1943
that I last saw her alive on 9-28 1943
and that death occurred on the date and hour stated above.

Immediate cause of death Hemorrhage of umbilicus

Due to Infected navel stump

Due to

Other conditions 160 C
(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?
(Specify type of place)
While at work? ✓ (e) Means of injury ✓

23. Signature [illegible] (M. D. or other) MD
Address Cape Girardeau Mo. Date signed 9-29-43

1014

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED

District Health Officer No. 4

District File Number 1043-2819

Date Filed 10-6-43

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.