

FILED JUL 11 1944

Registration District No. 167

Primary Registration District No. 4256

Registrar's No. 22

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

1. PLACE OF DEATH:
 (a) County Johnson
 (b) City or town Holden
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
North West Buffalo St.,
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution no (Specify whether
 In this community 20 years
 years, months or days)

3. (a) PRINT FULL NAME WINNIE NEVINS
 3. (b) If veteran, name war no 3. (c) Social Security No. no

3 female 5. Color or race negro 6. (a) Single, widowed, married, divorced married
 6. (b) Name of husband or wife William Nevins 6. (c) Age of husband or wife if alive 73 years
 7. Birth date of deceased June unknown 1868
 (Month) (Day) (Year)

8. AGE: Years 76 Months 0 Days 0 If less than one day hr. min.

9. Birthplace North Galton, Tennessee
 (City, town, or county) (State or foreign country)

10. Usual occupation housewife

11. Industry or business at home

12. Name Clay Lawrence

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

14. Maiden name Evie Price

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

16. (a) Informant Howard Nevins

(b) Address Holden, Missouri.

17. (a) Burial (b) Date thereof June 9, 1944
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Holden Cemetery

18. (a) Signature of funeral director Canaday and Ropp

(b) Address Holden, Missouri.

19. (a) 6-10-44 (b) Kathryn S. Canaday
 (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
 (a) State Missouri (b) County Johnson
 (c) City or town Holden
 (If outside city or town limits, write "RURAL")
 (d) Street No. North West Buffalo St.,
 (If rural, give location)
 (e) Citizen of foreign country? no (Yes or No)
 If yes, name country XXXX

MEDICAL CERTIFICATION

23. DATE OF DEATH: Month June day 6
 year 1944 hour 7 minute AM M.

21. I hereby certify that I attended the deceased from March 10
1944, to June 6, 1944
 that I last saw her alive on June 6
 and that death occurred on the date and hour stated above.

Immediate cause of death Acute Endocarditis

Due to Chronic Myocardial Degeneration

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations 93d
 Of autopsy

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 Jessie S. Holmberg (Ink, or other)

Address Holden, Mo Date signed 6/10/44

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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..... *M. L. Canaday*
Licensed Embalmer No. *34134*
P. O. Address *Holden, 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.