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FILED OCT 9 1945
Registration District No. 247

Primary Registration District No. 4366

State File No. _____
Registrar's No. 24

1. PLACE OF DEATH:

(a) County Newton

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

(c) Name of hospital or institution: None - Granby, Mo!
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution None
(Specify whether)

In this community Twenty-Five years
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Newton 73

(c) City or town Granby, Missouri 1
(If outside city or town limits, write "RURAL")

(d) Street No. None - Granby, Del.
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME James Nutman

3. (b) If veteran name was None

3. (c) Social Security No. None

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month September day 27th
year 1945 hour 7:25 p.m. minute 7:25 p.m.

21. I hereby certify that I attended the deceased from June 1 1945 to Sept 27 1945
that I last saw him alive on _____ 19____
and that death occurred on the date and hour stated above.

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Jane Mary Nutman 6. (c) Age of husband or wife if 70 years

7. Birth date of deceased Aug 12, 1874
(Month) (Day) (Year)

Immediate cause of death Cancer of face Duration 3 yrs.

Due to _____

Due to _____

Other conditions 57
(Include pregnancy within 3 months of death)

8. AGE: Years 71 Months 1 Days 15 If less than one day _____ hr. _____ min.

9. Birthplace Durham, England
(City, town, or county) (State or foreign country)

10. Usual occupation Funeral Director

11. Industry or business Funeral Business

12. Name James Nutman

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

14. Maiden name Ann McCarron Nutman

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

16. (a) Informant Mrs. Jane Nutman

(b) Address Granby, Missouri

17. (a) Removal (b) Date thereof Nov 1, 1945
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Pittsburg, Kansas

18. (a) Signature of funeral director The Big Horn Mortuary

(b) Address Necola, Missouri

19. (a) 9-30-45 (b) M. L. Young
(Date received local registrar) (Registrar's signature)

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 _____

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 P. E. Ralston (M. D. or other) _____
Address Granby Date signed 9.29.45

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

NOV 28 1945

NOV 26 1946

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.

RECEIVED OCT 5 1945

District Health Officer No.

District File Number 9457170

Date Filed OCT 5 1945

Signed Warren H. Hannah

Licensed Embalmer No. 4400

P. O. Address Neosho, Missouri

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.