

**FILED** MAY 16 1946  
Registration District No. 6

Primary Registration District No. 4107

Registrar's No. 18

1. PLACE OF DEATH:

(a) County Cedar  
(b) City or town El Dorado Springs  
(If outside city or town limits, write "RURAL" and name of township)  
(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

3. (a) PRINT FULL NAME Nannie B. Preston

3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced married  
6. (b) Name of husband or wife Salomon G. Preston 6. (c) Age of husband or wife if alive 75 years  
7. Birth date of deceased Aug. 1 1873  
(Month) (Day) (Year)

8. AGE: Years 72 Months 8 Days 3 If less than one day hr. \_\_\_\_\_ min. \_\_\_\_\_

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

10. Usual occupation Housewife

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

MOTHER FATHER { 12. Name John Dixon  
13. Birthplace Iowa (City, town, or county) (State or foreign country)  
14. Maiden name Unknown  
15. Birthplace Unknown (City, town, or county) (State or foreign country)

16. (a) Informant S. G. Preston

(b) Address El Dorado Springs, Mo.

17. (a) Burial (b) Date thereof 4-6-1946  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Lebeck Cemetery

18. (a) Signature of funeral director Thurman - Luthers

(b) Address El Dorado Springs, Mo.

19. (a) 4/5/46 (b) J. E. Morrison  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Cedar 20  
(c) City or town El Dorado Springs 1  
(If outside city or town limits, write "RURAL") 0  
(d) Street No. \_\_\_\_\_ (If rural, give location) 0  
(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 4 day 4  
year 1946 hour 12 minute 30 A.M.

21. I hereby certify that I attended the deceased from Jan 15 1946 to April 4 1946  
that I last saw her alive on April 4 1946  
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Hemorrhage  
Due to arterio  
sclerosis  
Due to high blood pressure  
Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_

Major findings: Of operations \_\_\_\_\_ Of autopsy (see)  
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) (e) Means of injury 5

23. Signature L. J. Danmeyer M.D. or other \_\_\_\_\_  
Address El Dorado Springs, Mo. Date signed 4/6/46

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

Date Filed

4-46-437  
5-14-46

**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 *Floyd E. Carothers*.....

Licensed Embalmer No. *4419*.....

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.**