

No. 2
1-5-43
5-17-39
I. X35571

DEPARTMENT OF COMMERCE THE STATE BOARD OF HEALTH OF MISSOURI
BUREAU OF THE CENSUS
FILED OCT 7 1946 STANDARD CERTIFICATE OF DEATH

State File No. **29513**
Registrar's No. **50**

Registration District No. **02** Primary Registration District No. **4042**

1. PLACE OF DEATH:
(a) County **Ballinger**
(b) City or town **Lutesville, Mo.**
(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 _____ (Specify whether)
years, months or days

2. USUAL RESIDENCE OF DECEASED:
(a) State **Missouri** (b) County **Ballinger**
(c) City or town **Lutesville**
(If outside city or town limits, write "RURAL")
(d) Street No. **Loman Imp.**
(If rural, give location)
(e) Citizen of foreign country? **No** (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME **John Logan Nancy Nanney**
(b) If veteran, name war _____ (c) Social Security No. _____
4. Sex **Male** 5. Color or race **White**
6. (b) Name of husband or wife **Nancy** 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased **Feb. 13, 1875**
(Month) (Day) (Year)

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month **Sept** day **23**
year **1946** hour **15 A.M.** minute _____ M.
21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;
that I last saw h_____ alive on _____, 19____;
and that death occurred on the date and hour stated above.

8. AGE: Years Months Days If less than one day
71 **7** **10** _____ hr. _____ min.

Immediate cause of death **Cachexia Recompensated**
Due to **Cancer Stomach**
Due to _____
Other conditions (Include pregnancy within 3 months of death) _____
Major findings: Of operations _____
Of autopsy _____

MOTHER FATHER

11. Industry or business **jeweler**
12. Name **W. N. Nancy Nanney**
13. Birthplace **Ky.** (City, town, or county) (State or foreign country)
14. Maiden name **Ellen Brown**
15. Birthplace **Ky.** (City, town, or county) (State or foreign country)
16. (a) Informant **Elizabeth Christner**
(b) Address **Cape Girardeau, Mo.**
17. (a) **Burial** (b) Date thereof **9-24-46**
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation **HANN CHAPEL**
18. (a) Signature of general director **John K. ...**
(b) Address **Lutesville, Mo.**
19. (a) **9-25-46** (b) **Miss. W. B. ...**
(Date received local registrar) (Registrar's signature)

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 **3**
Signature **John J. ...** (City or town) (County) (State)
Address **...** Date signed **9/27/46**

Duration
PHYSICIAN
Underline the cause to which death should be charged statistically.

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

HEX 25 (Licensed Embalmer's Statement on Reverse Side)

RECEIVED

District Health Officer No. 4
File Number 1046-26
Date Filed 10-1-46

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 Glen Wilson

Licensed Embalmer No. 2828

P. O. Address Jackson 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.

Registration District No. 32

Primary Registration District No. 4022

1. PLACE OF DEATH:

(a) County Bellinger
(b) City or town Intervale
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
(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 _____ (b) County _____
(c) City or town _____
(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

John L. Nanney
3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month _____ Year 1946 hour _____ minute _____ M. 3
21. I hereby certify that I attended the deceased from _____ to _____, 19____;
that I last saw him _____ alive on _____, 19____;
and that death occurred on the date and hour stated above.
Immediate cause of death _____

4. Sex m 5. Color or race w 6. (a) Single, widowed, married, divorced wid
6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased: Feb 13 (Month) (Day) (Year)
8. AGE: Years 71 Months 7 Days _____ If less than one day _____ hr. _____ min.

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

10. Usual occupation _____

11. Industry or business _____

12. Name _____

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

14. Maiden name _____

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

16. (a) Informant _____

(b) Address _____

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

(c) Place: burial or cremation _____

18. (a) Signature of funeral director _____

(b) Address _____

19. (a) 9-25-46 (b) William H. Vandenberg
(Date received local registrar) (Registrar's signature)

Due to _____

Due to _____

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

Major findings: _____
Of operations _____

Of autopsy _____

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 _____

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

Address _____ Date signed _____

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

SUPPLEMENTARY

29513