S. No. 2
OM—5-43
v. 5-17-39
I X36671

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

31809

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED NOV 6 1946

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 32981

Registration District No. 57 Primary Registration District No. 4081 Registrar's No. 14

1. PLACE OF DEATH:

(a) County Carroll

(b) City or town Bosworth
(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 all her life
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Carroll 17

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

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

(e) Citizen of foreign country? No. (Yes or No) 0

If yes, name country

3. (a) PRINT FULL NAME NANNIE L. DRAKE

3. (b) If veteran, name war ✓

3. (c) Social Security No. ✓

4. Sex female 1

5. Color or race white

6. (a) ~~Single~~, widowed, ~~married~~, ~~divorced~~ widowed

6. (b) Name of husband or wife deceased

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

7. Birth date of deceased March (Month) 3 (Day) 1859 (Year)

8. AGE:

Years	Months	Days	If less than one day
87	7	21	hr. min.

9. Birthplace South of Bosworth (City, town, or county) Missouri (State or foreign country)

10. Usual occupation housewife

11. Industry or business

FATHER
12. Name William G. Thomas 1
13. Birthplace Louisville (City, town, or county) Kentucky (State or foreign country)

MOTHER
14. Maiden name Cynthia Ann Winfrey
15. Birthplace Louisville (City, town, or county) Kentucky (State or foreign country) 1

16. (a) Informant Robert E. Drake
(b) Address Bosworth Missouri.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Oct. 26 1946 (Month) (Day) (Year)
(c) Place: burial ~~or cremation~~ Wharton Cemetery

18. (a) Signature of funeral director David J. Edwards
(b) Address Bosworth Missouri.

19. (a) Oct 25 1946 (Date received local registrar) (b) Pearl Koch (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 24th
year 1946 hour 12:00 noon ~~minute~~ M.

21. I hereby certify that I attended the deceased from Jan 2 1946 to Oct 24 1946
that I last saw her alive on Oct 23 1946
and that death occurred on the date and hour stated above.

Immediate cause of death Interstitial Nephritis

Due to

Due to

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

Duration 46

PHYSICIAN

Underline the cause to which death should be charged statistically.

131A

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 0

23. Signature [signature] (M. D. ~~or other~~)

Address Bosworth Mo Date signed Oct 26 1946.

4 1

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 3

District File Number.....

Date Filed 11-2-46

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 David J. Edwards

Licensed Embalmer No. 3265

P. O. Address Bonworth 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.