S. No. 2
M—12-45
v. 5-17-39
I X47070

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED JUL 15 1947

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 20011

Registration District No. 1 Primary Registration District No. 3000 Registrar's No. 186

1. PLACE OF DEATH:
(a) County Adair
(b) City or town Kirksville
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 106 N. Wabash 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 50 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo (b) County Adair 1
(c) City or town Kirksville 3
(If outside city or town limits, write "RURAL")
(d) Street No. 106 N. Wabash 3
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No) 0
If yes, name country

3. (a) PRINT FULL NAME Nancy Belle Stivers
3. (b) If veteran, name war ✓
3. (c) Social Security No. ✓
4. Sex Fe
5. Color or race W
6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife Jim Stivers
6. (c) Age of husband or wife if alive years
7. Birth date of deceased Sept (Month) 24 (Day) 1880 (Year)

8. AGE: Years	Months	Days	If less than one day
66	9	18	hr. min.

9. Birthplace (City, town, or county) Mo 0 (State or foreign country)
10. Usual occupation House wife
11. Industry or business
FATHER
12. Name Dave Williams 9
13. Birthplace (City, town, or county) Unknown (State or foreign country)
MOTHER
14. Maiden name Mary Huffman
15. Birthplace (City, town, or county) Mo 0 (State or foreign country)
16. (a) Informant David E Sizemore
(b) Address Kirksville Mo
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 7-12-1947 (Month) (Day) (Year)
(c) Place: burial or cremation Camel - Novinger
18. (a) Signature of funeral director Hopper Funeral Director
(b) Address Glasgow Mo
19. (a) 7-11-47 (Date received local registrar) (b) Kate Lambert (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 11
year 1947 hour 4 minute 15 A.M.
21. I hereby certify that I attended the deceased from March 22, 1947, to July 11, 1947
that I last saw her alive on July 11, 1947
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Cardiac Hypertrophy with dilatation	3½ months
Due to Mitral Stenosis & regurgitation	10 years
Due to Rheumatic heart disease	20 years
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? 2
(Specify type of place)
While at work? (e) Means of injury
23. Signature E. J. Bertmann (M. D. or other) D.O.
Address Kirksville Mo. Date signed 7/11/47

(Licensed Embalmer's Statement on Reverse Side)

JUL 31 1947

RECEIVED
District Health Officer No. 10
District File Number 7-47-879
Date Filed JUL 1-4-1947

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 Louis E. Hopper

Licensed Embalmer No. 4261

P. O. Address Clarence, 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.