

S. No. 2  
1-12-45  
7. 5-17-39  
X47070

FILED DEC 13 1947  
Registration District No. 306

Primary Registration District No. 3076

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

1. PLACE OF DEATH:

(a) County Vernon

(b) City or town Nevada, Mo.  
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:  
Nevada Hospital  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution Five days  
(Specify whether)

In this community 59 yrs.  
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Vernon <sup>108</sup>

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

(d) Street No. RFD #1  
(If rural, give location)

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

If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME ELLA MABEL WACKERMAN

3. (b) If veteran, name war ✓

3. (c) Social Security No. ✓

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov day 23 year \_\_\_\_\_ hour \_\_\_\_\_ minute 2 A.M.

21. I hereby certify that I attended the deceased from 11-5, 1947 to 11-23, 1947  
that I last saw her alive on 11-23-47 and that death occurred on the date and hour stated above.

4. Sex Female 5. Color or race Wht.

6. (a) Single, widowed, married, 2 divorced, Widowed

6. (b) Name of husband or wife \_\_\_\_\_

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

7. Birth date of deceased: July 31 1888  
(Month) (Day) (Year)

Immediate cause of death: Intestinal obstruction

Due to Carcinoma of the colon 2 yrs

Due to \_\_\_\_\_

8. AGE:	Years	Months	Days	If less than one day
	<u>59</u>	<u>3</u>	<u>23</u>	hr. _____ min.

Other conditions (Include pregnancy within 3 months of death)

Major findings: H64

Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

9. Birthplace Vernon County, Mo.  
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

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

MOTHER FATHER { 12. Name John Phelps

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

14. Maiden name Nannie Balthage

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

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 ✓

16. (a) Informant John Howard Wackerman

(b) Address Route #1 Nevada, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 11-25-47  
(Month) (Day) (Year)

(c) Place: burial or cremation Moore Cemetery

18. (a) Signature of funeral director Allen V. Hays

(b) Address Nevada, Mo.

19. (a) 12-2-47 (Date received local registrar)

(b) Kathryn Yancy (Registrar's signature)

23. Signature J. L. Marten (M. D. or other) MO

Address Nevada Date signed 12/1/47

RECEIVED  
District Health Officer No. 7,  
11-47-1928  
Date Filed 12-11-27

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..... *A. H. Marmaduke* .....  
Licensed Embalmer No. *2070* .....  
P. O. Address..... *Merida, 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.