S. No. 2
M—1/47
v. 5-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED JUN 30 1948

Registration District No. 70

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 3033

State File No. 19957

Registrar's No. 72

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

1. PLACE OF DEATH:
(a) County: Laclede
(b) City or town: Lebanon
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 524 Curry Street
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution ____ (Specify whether years, months or days)
In this community: 70 years

2. USUAL RESIDENCE OF DECEASED:
(a) State: Missouri (b) County: Laclede
(c) City or town: Lebanon
(If outside city or town limits, write "RURAL")
(d) Street No.: 524 Curry St.
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country ____

3. (a) PRINT FULL NAME: Nancy Jane Middleswart
3. (b) If veteran, name war ____
3. (c) Social Security No. ____
4. Sex: F
5. Color or race: W
6. (a) Single, widowed, married, divorced: widowed
6. (b) Name of husband or wife: H. F. Middleswart
6. (c) Age of husband or wife if alive ____ years
7. Birth date of deceased: July (Month) 11 (Day) 1858 (Year)

8. AGE: Years 89 | Months 9 | Days 3 | If less than one day ____ hr. ____ min.

9. Birthplace: Indiana (City, town, or county) (State or foreign country)
10. Usual occupation: At home
11. Industry or business ____

MOTHER FATHER
12. Name: Milton Kinnett
13. Birthplace: Unknown (City, town, or county) (State or foreign country)
14. Maiden name: Milandy Skeen
15. Birthplace: Unknown (City, town, or county) (State or foreign country)

16. (a) Informant: Harry Middleswart
(b) Address: 524 Curry, Lebanon, Mo.
17. (a) Rural (Burial, cremation, or removal) (b) Date thereof: 4/16/48 (Month) (Day) (Year)
(c) Place: burial or cremation: Hohman
18. (a) Signature of funeral director: [illegible]
(b) Address: Lebanon, Mo.
19. (a) 6-25-48 (Date received local registrar) (b) [illegible] (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month: April day: 14 year: 1948 hour: 4 minute: 54 PM.

21. I hereby certify that I attended the deceased from 11-7- 1948, to 4-14- 1948; that I last saw alive on 3-31- 1948; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Chronic Myocarditis and Myocardial degeneration	7
Due to:	
Due to:	
Other conditions (Include pregnancy within 3 months of death):	
Major findings: Of operations:	
Of autopsy:	

PHYSICIAN
Underline the cause of 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? ____ (Specify type of place)
While at work? ____ (e) Means of injury ____

23. Signature: B. E. Harell (M. D. or other) MD
Address: Lebanon Mo Date signed: 4-22-48

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

Received 6/29/48

Laclede County Health Unit

File No. 6-48-62

Date Filed 6/29/48

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 P. L. Palmer, Registered Apprentice No. 84 working under my personal supervision.

Signed S. P. Palmer

Licensed Embalmer No. 2205

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.