

No. 2  
-5-43  
5-17-39  
I X36671

FILED AUG 17 1948  
Registration District No. **172**

Primary Registration District No. **5706**

Registrar's No. **27**

1. PLACE OF DEATH:

(a) County Mc Donald  
(b) City or town Rural Anderson Twp  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
1 mi west of Anderson  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution Home (Specify whether  
In this community 17 yrs (Specify whether  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County McDonald  
(c) City or town Rural (If outside city or town limits, write "RURAL")  
(d) Street No. 1 mi west of Anderson (If rural, give location)  
(e) Citizen of foreign country? no (Yes or No)  
If yes, name country no

3. (a) PRINT FULL NAME FRED C. NEHRBASS

3. (b) If veteran, name war none 3. (c) Social Security No. 314-14-4878

4. Sex male 5. Color or race white  
6. (a) Single, widowed, married, divorced married  
6. (b) Name of husband or wife Charlie Nehrbass 6. (c) Age of husband or wife if alive 64 years  
7. Birth date of deceased Jan 9 1876 (Month) (Day) (Year)

8. AGE: Years 72 Months 6 Days 15 If less than one day hr. min.

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

10. Usual occupation Retired Farmer

11. Industry or business unknown

12. Name Christian Nehrbass

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

14. Maiden name unknown

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

16. (a) Informant J. E. Royce

(b) Address Anderson

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 7-26-1948 (Month) (Day) (Year)

(c) Place: burial of cremation Lanagan, Mo.

18. (a) Signature of funeral director J. L. Linn (b) Address Anderson, Mo.

19. (a) 7-26-48 (Date received local registrar) (b) Virginia Buck (Registrar's signature) 27

MEDICAL CERTIFICATION

20. DATE OF DEATH, Month July day 24 year 1948 hour 7 minute 30 A. M.

21. I hereby certify that I attended the deceased from Apr 2 1946 to July 24 1948 that I last saw him alive on July 13 1948 and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma of colon Duration 3 yrs

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

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

Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_

Major findings: Of operations \_\_\_\_\_

Of autopsy 46

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 \_\_\_\_\_

Signature J. B. Bick (M. D. or other) \_\_\_\_\_

Address Anderson, Mo. Date signed 7-26/48

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

MOTHER FATHER

RECEIVED  
District Health Officer No. 6;  
District File Number 848-913-  
Date Filed AUG 16 1948

MAR 1  
1955.

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 me  
....., Registered Apprentice No. 4  
working under my personal supervision.

Signed R. E. Cheatham  
Licensed Embalmer No. 3813  
P. O. Address Anderson, 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.**