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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED AUG 18 1948

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 28747

Registration District No. 328 Primary Registration District No. 6286 Registrar's No. 32

1. PLACE OF DEATH:

(a) County wright Rural

(b) City or town Mtn. Grove (Wood Twp)
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 9
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution ..... (Specify whether
In this community 23 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County wright 11 4

(c) City or town Mountain Grove (rural)
(If outside city or town limits, write "RURAL")

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

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

If yes, name country .....

3. (a) PRINT FULL NAME Sarah Nettleton

3. (b) If veteran, name war ..... 3. (c) Social Security No. .....

4. Sex Female 5. Color or race white 6. (a) Single, widowed, married, divorced widowed

6. (b) Name of husband or wife George B. Nettleton 6. (c) Age of husband or wife if alive ..... years

7. Birth date of deceased March (Month) 26 (Day) 1867 (Year)

8. AGE: Years 80 Months 10 Days 24 If less than one day ..... hr. ..... min.

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

10. Usual occupation At Home

11. Industry or business .....

FATHER
12. Name George W. Keen
13. Birthplace ..... (City, town, or county) Illinois (State or foreign country)

MOTHER
14. Maiden name Martha Jane Campbell
15. Birthplace ..... (City, town, or county) Tennessee (State or foreign country)

16. (a) Informant Stephen L. Nettleton
(b) Address Mountain Grove, Missouri

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 2/24.1948 (Month) (Day) (Year)
(c) Place: burial or cremation Hill-Crest Cemetery

18. (a) Signature of funeral director George Stapp
(b) Address Mountain Grove, Missouri

19. (a) 5-4-48 (Date received local registrar) (b) A. C. Ames (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month February day 20th year 1948 hour 10 minute 30 P. M.

21. I hereby certify that I attended the deceased from Jan. 21 - 1948 to Feb. 20 - 1948; that I last saw her alive on Feb. 19 - 1948 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Arteriosclerosis	
Due to	
Due to	
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? ..... (Specify type of place)

While at work? ..... (e) Means of injury .....

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

Address Mtn. Grove Mo. Date signed 2-21-48

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 6,
District File Number 848-949
Date Filed AUG 17 1948

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 George Stoff

Licensed Embalmer No. 3161

P. O. Address Mt. Gray, Me

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wi the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.