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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 31304

FILED SEP 20 1948

Registration District No. 318

Primary Registration District No. 1003

Registrar's No. 7994

1. PLACE OF DEATH:

(a) County

(b) City or town St. Louis, Missouri
(If outside city or town limits, write "RURAL" and name of township)

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

(d) Length of stay: In hospital or institution 25 days (Specify whether years, months or days)

In this community

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County Bollinger

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

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

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

If yes, name country

3. (a) PRINT FULL NAME Nora Lenora Nanney

3. (b) If veteran, name war No

3. (c) Social Security No. None

4. Sex Female

5. Color or race White

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife William Nanney

6. (c) Age of husband or wife if alive 64 years

7. Birth date of deceased June (Month) 13 (Day) 1877 (Year)

8. AGE: Years 71 Months 2 Days 28 If less than one day hr. min.

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

10. Usual occupation Housewife

11. Industry or business

MOTHER FATHER

12. Name William Bair

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

14. Maiden name Mary Jones

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

16. (a) Informant A.E.Null

(b) Address Lutesville, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 9-13-48 (Month) (Day) (Year)

(c) Place: burial or cremation Lutesville, Mo.

18. (a) Signature of funeral director Albert H. Hoppe

(b) Address 4700 Washington Blvd.

19. (a) SEP 13 1948 (Date received local registrar) (b) [illegible] (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month September day 11 year 1948 hour 2 minute 50 P.M.

21. I hereby certify that I attended the deceased from August 17, 1948 to September 11, 1948; that I last saw her alive on September 11, 1948; and that death occurred on the date and hour stated above.

Duration

Immediate cause of death PULMONARY EDEMA AND CONGESTIVE HEART FAILURE

Due to GENERALIZED CARCINOMATOSIS

Due to PRIMARY RETROPERITONEAL CA - (TYPE NOT DETERMINED ON GROSS

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations RETROPERITONEAL CA

Of autopsy AS ABOVE

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 C. O. Vermillion (M. D.)

Address Barnes Hospital, Date signed

(Licensed Embalmer's Statement on Reverse Side)

OCT 17 1957

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 Frank J. Gyland

Licensed Embalmer No. 9675

P. O. Address St Louis 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.