

FILED OCT 9 1944

State File No. _____

Registration District No. 368

Primary Registration District No. 6240

Registrar's No. 23

1. PLACE OF DEATH:

(a) County Washington
(b) City or town Rural; Harmony
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
6 miles West of Belgrade
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
(Specify whether _____)
In this community _____
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Washington
(c) City or town Rural
(If outside city or town limits, write "RURAL")
(d) Street No. 6 miles West of Belgrade
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Eliza Bell Nipper

3. (b) If veteran, name war no 3. (c) Social Security No. none

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

6. (b) Name of husband or wife Joe Nipper 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased May 15 1868
(Month) (Day) (Year)

8. AGE: Years 76 Months 3 Days 19 If less than one day _____ hr. _____ min.

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

10. Usual occupation at home

11. Industry or business _____

12. Name Finn Wright

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

14. Maiden name Martha Jane Wilkerson

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

16. (a) Informant Hurst Nipper

(b) Address Belgrade Mo.

17. (a) burial (b) Date thereof 9-6-44
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Palmer Mo.

18. (c) Signature of funeral director Norman White & Sons

(b) Address Ironton Mo.

19. (a) 9-16-44 (b) Edna White
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept. day 4
year 1944 hour 5 minute 25 P.M.

21. I hereby certify that I attended the deceased from June 44 to Sept 4 1944
that I last saw her alive on August 16 1944
and that death occurred on the date and hour stated above.

Immediate cause of death Pulmonary tuberculosis

Due to _____

Due to _____

Other conditions (Include pregnancy within 3 months of death) _____

Major findings: Of operations _____

Of autopsy _____

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 _____

23. Signature J.P. Yeargan (M. D. or other) _____

Address Ironton Mo. Date signed 9-7-44

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

RECEIVED

District Health Officer No. 4
District File Number 1044-4378
Date Filed 10-6-44

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 Amel White
Licensed Embalmer No. 3012
P. O. Address Sanitor, Ill.

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.