

FILED IN 26 1947

State File No. \_\_\_\_\_

Registration District No. 236

Primary Registration District No. 6137

Registrar's No. \_\_\_\_\_

1. PLACE OF DEATH:

(a) County Shannon

(b) City or town Winona Mo.  
(If outside city or town limits, write "RURAL" and name of township)

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

(d) Length of stay: In hospital or institution 60 Yrs. (Specify whether years, months or days)

In this community 60 Yrs.

2. USUAL RESIDENCE OF DECEASED:

(a) State MO. (b) County Shannon

(c) City or town Winona  
(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 Nellie Josephine Halloway

MEDICAL CERTIFICATION

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

20. DATE OF DEATH: Month May day 28 year 1947 hour 20 minute 40 P.M.

4. Sex F 5. Color or race W 6. (a) Single, widowed, married, divorced Widow

21. I hereby certify that I attended the deceased from May 26 1947, to May 28 1947 that I last saw her alive on May 28 and that death occurred on the date and hour stated above.

6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

Immediate cause of death Central Hemorrhage 2 hrs

7. Birth date of deceased Feb. 9-1875  
(Month) (Day) (Year)

8. AGE: Years 72 Months 3 Days 19 If less than one day hr. \_\_\_\_\_ min. \_\_\_\_\_

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

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

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

10. Usual occupation Housekeeper

Other conditions (Include pregnancy within 3 months of death)

11. Industry or business \_\_\_\_\_

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

12. Name Lafayette Cooley 13. Birthplace Douglas Co. Mo.  
(City, town, or county) (State or foreign country)

Of autopsy \_\_\_\_\_

14. Maiden name Nancy Williams 15. Birthplace Douglas Co. Mo.  
(City, town, or county) (State or foreign country)

22. If death was due to external causes, fill in the following:

16. (a) Informant Roy Halloway (b) Address Winona Mo.

(a) Accident, suicide, or homicide (specify) \_\_\_\_\_  
(b) Date of occurrence \_\_\_\_\_

17. (a) Burial (b) Date thereof 5-30-47  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Where did injury occur? \_\_\_\_\_  
(City or town) (County) (State)

(c) Place: burial or cremation Winona Cemetery

(d) Did injury occur in or about home, on farm, in industrial place, in public place? \_\_\_\_\_

18. (a) Signature of funeral director Phil A. Leuckel  
(b) Address Van Buren MO.

23. Signature H. A. Rollin (M. D. or other) \_\_\_\_\_  
Address Winona Mo. Date signed 5/29/47

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

MOTHER FATHER

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

RECEIVED

District Health Officer No. 5,

District File Number 647237

Date Filed 6-25-47

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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 5-28-47

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

Signed Phil A. Leuchel

- - Licensed Embalmer No. 2936

P. O. Address VonBuren 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.**