

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

15656

State File No.

Registration District No. 440

Primary Registration District No. 5849 988 Registrar's No. 10

1. PLACE OF DEATH:

- (a) County Osage
 (b) City or town Linn
 (c) Name of hospital or institution: 2

(If not in hospital or institution, write street number or location)

- (d) Length of stay: In hospital or institution _____ (Specify whether)
 In this community All her life (Specify whether)
 years, months or days

3. (a) PRINT FULL NAME ANNA NILGES 432

8. (b) If veteran, name war ✓ 8. (c) Social Security No. ✓

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

6. (b) Name of husband or wife Henry Nilges 6. (c) Age of husband or wife if alive 57 years

7. Birth date of deceased 21 2 1883
 (Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
57 7 8 hr. min.

9. Birthplace Loose Creek - Mo - 0
 (City, town, or county) (State or foreign country)

10. Usual occupation Housewife 0

11. Industry or business 0

12. Name John Nickamp 0

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

14. Maiden name Agnes Nilges

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

16. (a) Informant's own signature Henry Nilges

(b) Address Linn - Mo

17. (a) Burial (b) Date thereof 4-12-40
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Linn - Mo

18. (a) Signature of funeral director Walter Funeral Home

(b) Address Linn - Mo

19. (a) 4-11-1940 (b) Ans. Dora Jett
 (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

- (a) State Mo (b) County Osage
 (c) City or town Linn
 (If outside city or town limits, write "RURAL")

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

(e) If foreign born, how long in U. S. A? no years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 8
 year 1940 hour 10 minute 30 P.M.

21. I hereby certify that I attended the deceased from April 8, 1940 to April 9, 1940
 that I last saw her alive on April 9, 1940
 and that death occurred on the date and hour stated above.

Immediate cause of death Solar Phemias Duration 3 days

Due to _____

Due to Sugar Diabetes 5 yrs

Other conditions (Include pregnancy within 3 months of death)

Major findings: 5A

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? 571

While at work? _____ (Specify type of place)

(e) Means of injury _____

23. Signature Ans. Dora Jett (M. D. or other)

Address Linn Mo Date signed Apr 11

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

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 Vernon M. Morton
Licensed Embalmer No. 4725
P. O. Address Linn, 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, above space should be left blank.