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K23159

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

NOV 19 1940

State File No. 34708

Registration District No. 30 Primary Registration District No. 5040 Registrar's No. 58

1. PLACE OF DEATH:

(a) County Barry

(b) ~~City or town~~ Rural Monett Twp.
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 20
(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 Barry

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

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

(e) If foreign born, how long in U. S. A.? years.

3. (a) PRINT FULL NAME Wilford Abram Niskern

3. (b) If veteran, name war

3. (c) Social Security No. None

4. Sex Male

5. Color or race W

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

6. (b) Name of husband or wife Emma Josephine Niskern

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

7. Birth date of deceased July (Month) 28 (Day) 1851 (Year)

8. AGE: Years 89 Months 2 Days 27 If less than one day hr. min.

9. Birthplace Albany, (City, town, or county) New York (State or foreign country) 1

10. Usual occupation Farmer 1

11. Industry or business 1

FATHER
12. Name Marcus Niskern
13. Birthplace (City, town, or county) New York (State or foreign country)

MOTHER
14. Maiden name Nancy Margaret Snyder
15. Birthplace (City, town, or county) New York (State or foreign country)

16. (a) Informant Perl Niskern,
(b) Address R. #2, Monett, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Oct. 27, 1940 (Month) (Day) (Year)
(c) Place: burial or cremation I.O.O.F. Cemetery

18. (a) Signature of funeral director Callaway
(b) Address Monett Mo

19. (a) 10-28-1940 (Date received local registrar) (b) W. M. West (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct day 25
year 1940 hour 8 minute 10 9 M.

21. I hereby certify that I attended the deceased from 10/16/40, 19, to 10/25/40, 1940
that I last saw him alive on 10-23-40, 19;
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Hemorrhagic Infarction of lung	6 dys
Due to Chr congestion of lungs	?
Due to Chr valvular heart disease	?
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 31

23. Signature F. J. Moenning Loff (M. D. ~~or other~~) 1
Address Monett, Mo Date signed 10/26/40

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 6,
District File Number 1140-2860
Date Filed NOV 13 1940

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 J. R. Buchanan, Registered Apprentice No. ..... working under my personal supervision.

Signed J. R. Buchanan

Licensed Embalmer No. 3179

P. O. Address Monett 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.