

Registration District No. 609

Primary Registration District No. 4363

Registrar's No. 143

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

1. PLACE OF DEATH: NEWTON
 (a) County _____
 (b) City or town NEOSHO
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: Madison Avenue
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution _____ (Specify whether)
 In this community 3 DAYS _____ (Specify whether)
 years, months or days) _____

3. (a) PRINT FULL NAME GEORGE NIMS
 3. (b) If veteran, name war NONE 3. (c) Social Security No. NONE

4. Sex MALE 5. Color or race White 6. (a) Single, widowed, married, divorced married
 6. (b) Name of husband or wife LUCILE NIMS 6. (c) Age of husband or wife if alive 39 years
 7. Birth date of deceased FEBRUARY 21 1902
 (Month) (Day) (Year)

8. AGE: Years 68 Months 9 Days 10 If less than one day
 hr. _____ min. _____

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

10. Usual occupation CARPENTER

11. Industry or business _____

MOTHER FATHER { 12. Name WILLIAM E. NIMS
 13. Birthplace UNKNOWN PENN.
 (City, town, or county) (State or foreign country)

{ 14. Maiden name HARRIET WATSON
 15. Birthplace UNKNOWN PENN.
 (City, town, or county) (State or foreign country)

16. (a) Informant Evans
 (b) Address Neosho Mo.

17. (a) BURIAL (b) Date thereof 12-3-1940
 (Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation Lanagan Mo.

18. (a) Signature of funeral director Conley Thompson
 (b) Address Neosho Mo.

19. (a) 1-7-41 (b) Orval R. Salo
 (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
 (a) State Missouri (b) County McDonald
 (c) City or town Lanagan Mo.
 (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.? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 1 day Dec.
 year 1940 hour 6:40 minute A M.

21. I hereby certify that I attended the deceased from _____, 19____; to _____, 19____; that I last saw him alive on Dec. 1 and that death occurred on the date and hour stated above.

Immediate cause of death: Died suddenly. No physician in charge. Probably heart disease

Duration

Other conditions (Include pregnancy within 3 months of death) 200 W

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? _____

543 While at work? _____ (Specify type of place) (e) Means of injury _____

23. Signature J. Reynolds Coroner (M. D. or other)
 Address Neosho Mo. Date signed 12-1-40

RECEIVED

District Health Officer No. 6,

District File Number 141-1134

Date Filed JAN 15 1941

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

Gail K. Gay

Licensed Embalmer No.

4155

P. O. Address

Neosho, 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.