

1-17-39
I X21492

Registration District No. 608

Primary Registration District No. 6807

State File No. _____

Registrar's No. 50

1. PLACE OF DEATH: Newton

(a) County Stella

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

(c) Name of hospital or institution: Cardwell Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 1 day
(Specify whether _____)

In this community _____
years, months or days _____

3. (a) PRINT FULL NAME David Burton Nimmo

8. (b) If veteran, name war X

3. (c) Social Security No. X

4. Sex M

5. Color or race W

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

6. (b) Name of husband or wife Effie

6. (c) Age of husband or wife if alive 69 years

7. Birth date of deceased: May 19 1870
(Month) (Day) (Year)

8. AGE: Years 70 Months 3 Days 8
If less than one day _____ hr. _____ min.

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

10. Usual occupation farmer

11. Industry or business _____

MOTHER FATHER { 12. Name James Henry Nimmo

18. Birthplace Tenn.
(City, town, or county) (State or foreign country)

MOTHER { 14. Maiden name Rachel Ramsour

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

16. (a) Informant Mrs. D. B. Nimmo

(b) Address Pierce City R.R. 2

17. (a) burial (b) Date thereof 8-30-40
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Nimmo Cem.

18. (a) Signature of funeral director Walter Ramsey

(b) Address Pierce City Mo.

19. (a) 12-16-40 (b) Ada Callings
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Newton

Pierce City R.R. 2

(c) City or town _____
(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 Aug day 27
year 1940 hour 11 minute 20 A. M.

21. I hereby certify that I attended the deceased from Aug. 26, 1940, to Aug 27, 1940
that I last saw him alive on Aug. 27, 1940
and that death occurred on the date and hour stated above.

Immediate cause of death: Carcinoma of Sigmoid

Due to Ward Hanson

Due to Ward Hanson

Other conditions if

(Include pregnancy within 3 months of death)

Major findings: Carcinoma of Sigmoid

Of operations _____

Of autopsy _____

Duration 6 months

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? _____

23. Signature Cardwell (M. D. or other) _____
Address Stella Date signed 12/14/40

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

RECEIVED

District Health Officer No. 6.

District File Number 46-106

Date Filed JAN 13 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.....

me
working under my personal supervision.

Registered Apprentice No.....

Signed Arthur D. Hummer

Licensed Embalmer No. 3822

P. O. Address Prince City, 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.