

No. 2
1-4-41
17-39
X26390

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED NOV 25 1941

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. **36333**

Registration District No. **861**

Primary Registration District No. **4132**

Registrar's No. **21**

1. PLACE OF DEATH:

(a) County **Taney**
(b) City or town **Taneyville Rural SWAN**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
(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 Life**
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Taney 106**
(c) City or town **Rural - Taneyville 0**
(If outside city or town limits, write "RURAL")
(d) Street No. _____ (If rural, give location)
(e) Citizen of foreign country? **Yes** (Yes or No)
If yes, name country **Unknown**

3. (a) PRINT FULL NAME **William Nidle**

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

4. Sex **Male** 5. Color or race **White** 6. (a) Single, widowed, married, divorced **Widowed**
7. (b) Name of husband or wife **Anna Collins** 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased **September 20 6 1853**
(Month) (Day) (Year)

8. AGE: Years **88** Months **II** Days **14** If less than one day _____ hr. _____ min.

9. Birthplace **Unknown 9** (City, town, or county) (State or foreign country)

10. Usual occupation **Farmer**

11. Industry or business _____

MOTHER FATHER { 12. Name **Unknown**
13. Birthplace **Unknown 9** (City, town, or county) (State or foreign country)
14. Maiden name **Unknown**
15. Birthplace **Unknown 9** (City, town, or county) (State or foreign country)

16. (a) Informant **Effie Dimetrakis**
(b) Address **Taneyville Missouri**
17. (a) **Burial** (b) Date thereof **8 22 1941**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Coble**
18. (a) Signature of funeral director **J. N. Byars**
(b) Address **1425 1/2 N. Main St. Taneyville Missouri**
19. (a) **Nov. 3 - 1941** (b) **Shirley Reynolds**
(Date received local registrar) (Registrar's signature)

772 (Licensed Embalmer's Statement on Reverse Side)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Aug** day **20 th**
year **1941** hour **10** minute _____ P. M.
21. I hereby certify that I attended the deceased from **Aug 15 1941** to **Aug 20 1941**
that I last saw him alive on **Aug 19 1941**
and that death occurred on the date and hour stated above.

Immediate cause of death **Cerebral Hemorrhage** Duration **3 days**

Due to **Myocardial Infarction**
Due to **Myocardial Infarction**

Other conditions (Include pregnancy within 3 months of death) _____

Major findings: **430**
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? _____

While at work? _____ (Specify type of place) (e) Means of injury _____
23. Signature **Shirley Reynolds** (M. D. or other) _____
Address **Taneyville Missouri** Date signed **11/3/41**

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

RECEIVED

District Health Officer No. 6,

District File Number 1141-1755

Date Filed NOV 18 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.....

Licensed Embalmer No.....

P. O. Address.....

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.