No. 2
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17-3
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 40893

FILED JAN - 8 1943

Registration District No. 19

Primary Registration District No. 4232

Registrar's No. 54

1. PLACE OF DEATH:

(a) County Howell

(b) City or town Willow Springs. Mo.
(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 Three Years.
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State (b) County 46 2

(c) City or town 0
(If outside city or town limits, write "RURAL")

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

(e) Citizen of foreign country? (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME William Wesley Nester.

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex Male

5. Color or race W-

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

6. (b) Name of husband or wife Ruth Hariette Nester.

6. (c) Age of husband or wife if alive 65 years

7. Birth date of deceased July - 12 - 68
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
74	5	7	hr. min.

9. Birthplace Hamburg. Penn- /
(City, town, or county) (State or foreign country)

10. Usual occupation Retired Railroad Service

11. Industry or business Retired.

FATHER
12. Name James Nester.
13. Birthplace Dont Know. 9
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Lydia Snider.
15. Birthplace Dont Know. 9
(City, town, or county) (State or foreign country)

16. (a) Informant Ruth Nester
(b) Address Willow Springs, Mo

17. (a) Kempton. Penn- (b) Date thereof 12/19/.42
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Kempton, Penn-

18. (a) Signature of funeral director T R Burns
(b) Address Willow Springs. Missouri.

19. (a) 12/19/42 (b) Nanette Ferguson
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 19
year 1942 hour minute M.

21. I hereby certify that I attended the deceased from Dec 1, 1942 to Dec 19, 1942
that I last saw him alive on Dec 19, 1942
and that death occurred on the date and hour stated above.

Immediate cause of death Dilated Heart

Due to

Due to 95C

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

Major findings:
Of operations

Of autopsy

Duration

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

23. Signature S S Chenoweth (M. D. or other)
Address Willow Springs Date signed Dec 19

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(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USE UNFADING BLACK INK

RECEIVED
District Health Officer No. 5,
District File Number 14342
Date Filed

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. J. R. Burns

Licensed Embalmer No. 1837

P. O. Address. Willow Springs,

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wi the above constitutes grounds for revocation of license.).

If this body is not embalmed, fact should be so stated above.

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 40893

Registration District No. 143 Primary Registration District No. 4232 Registrar's No. 57

1. PLACE OF DEATH:
(a) County: Howell
(b) City or town: Willow Springs
(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 years, months or days)
In this community 3 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo. (b) County Howell
(c) City or town Willow Springs
(If outside city or town limits, write "RURAL")
(d) Street No.
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME William W Nesler
3. (b) If veteran, name war —
3. (c) Social Security No. —
4. Sex M
5. Color or race W
6. (a) Single, widowed, married, divorced M
6. (b) Name of husband or wife Ruth Henrietta
6. (c) Age of husband or wife if alive 65 years
7. Birth date of deceased July 12 (Month) (Day) 1868 (Year)
8. AGE: Years 74 Months 5 Days If less than one day hr. min.
9. Birthplace (City, town, or county) Prussia (State or foreign country)
10. Usual occupation
11. Industry or business
MOTHER FATHER
12. Name James Nesler
13. Birthplace (City, town, or county) unk (State or foreign country)
14. Maiden name Lydia Snider
15. Birthplace (City, town, or county) unk (State or foreign country)
16. (a) Informant
(b) Address
17. (a) (Burial, cremation, or removal) (b) Date thereof (Month) (Day) (Year)
(c) Place: burial or cremation
18. (a) Signature of funeral director
(b) Address
19. (a) (Date received local registrar) (b) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec Day 18
year 1942 hour minute M.
21. I hereby certify that I attended the deceased from 19 to 19; that I last saw h alive on 19; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Dilated heart	
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death) Dropsy	95-e[3]

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?
While at work? (Specify type of place) (e) Means of injury
23. Signature (M. D. or other)
Address Date signed

SUPPLEMENTARY

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