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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

State File No. 35006

FILED APR 16 1943

Registration District No. 2 47

Primary Registration District No. 5840

Registrar's No. 10

1. PLACE OF DEATH:

(a) County Newton

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

(c) Name of hospital or institution: None /
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution ..... (Specify whether
In this community Lifetime
years, months or days)

2. USUAL RESIDENCE OF DECEASED: 73

(a) State Mo. (b) County Newton 0

(c) City or town Pierce City (Rural) 0
(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 0

3. (a) PRINT FULL NAME Effie Nimmo

3. (b) If veteran, name war .....

3. (c) Social Security No. .....

4. Sex F

5. Color or race W

6. (a) Single, widowed, married, divorced W 2

6. (b) Name of husband or wife Deceased

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

7. Birth date of deceased June 29 (Month) 1868 (Day) (Year)

8. AGE: Years 74 Months 8 Days 2 If less than one day ..... hr. ..... min.

9. Birthplace Newton Co. (City, town, or county) 0 (State or foreign country)

10. Usual occupation Housewife

11. Industry or business .....

FATHER
12. Name Unknown
13. Birthplace ..... (City, town, or county) 9 (State or foreign country)

MOTHER
14. Maiden name Unknown
15. Birthplace ..... (City, town, or county) 9 (State or foreign country)

16. (a) Informant Mrs. Albert Hatfield
(b) Address Pierce City Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 3/3/43 (Month) (Day) (Year)
(c) Place: burial or cremation Nimmo Cem.

18. (a) Signature of funeral director [signature]
(b) Address Pierce City Mo.

19. (a) Mar. 4/43 (Date received local registrar) (b) [signature] (Registrar's signature)

1149

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Mar. day 1
year 1943 hour 12 minute 45 A.M.

21. I hereby certify that I attended the deceased from May 27, 1942 to March 1, 1943
that I last saw her alive on Feb. 22, 1943
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Chronic Myocarditis	2 Years
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy	

93d

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 0

23. Signature E. B. Knight (M. D. or other)
Address Pierce City Mo. Date signed 2-3-43

(Licensed Embalmer's Statement on Reverse Side)

Date Received APR 12 1943

File No. 343-63

APR 22 1943

APR 15 1943

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 Registered Apprentice No.

working under my personal supervision.

Signed Rector O. Heemeyer

Licensed Embalmer No. 3827

P. O. Address Pierre 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, fact should be so stated above.