

No. 2
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED DEC 13 1943

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 38335
Registrar's No. 71

Registration District No. 139

Primary Registration District No. 4213

44
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0

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

1. PLACE OF DEATH:

(a) County Holt

(b) City or town Maillard

(c) Name of hospital or institution: None
(If outside city or town limits, write "RURAL" and name of township)

(d) Length of stay: In hospital or institution None
(Specify whether In this community... years, months or days)

Most all Life

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Holt

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

(d) Street No. Rural # 2 West 2 North
(If rural, give location)

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

3. (a) PRINT FULL NAME Charles Ransom Nevins

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 1 M

6. (b) Name of husband or wife Hulda

6. (c) Age of husband or wife if alive 53 years

7. Birth date of deceased May 28 1891
(Month) (Day) (Year)

8. AGE: Years 72 Months 5 Days 3
If less than one day hr. _____ min. _____

9. Birthplace Waverly Illinois
(City, town, or county) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business _____

MOTHER FATHER { 12. Name Thomas V. Nevins

13. Birthplace Illinois
(City, town, or county) (State or foreign country)

14. Maiden name Mary C. Campbell

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

16. (a) Informant Wynilda Nevins

(b) Address Maillard, Mo

17. (a) Burial (Burial, cremation, or removal) Maillard, Mo

(b) Date thereof 11-2-43
(Month) (Day) (Year)

(c) Place: burial or cremation Maillard, Mo

18. (a) Signature of funeral director Campbell Funeral Home

(b) Address 957 South Main, Maillard, Mo

19. (a) 11-8-43 (Date received local registrar)

(b) Pauline Dawson (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 31
year 1943 hour Eight minute 50 P. M.

21. I hereby certify that I attended the deceased from September 7 1942 to October 31 1943
that I last saw him alive on October 31 1943
and that death occurred on the date and hour stated above.

Immediate cause of death Chronic myocarditis

Due to Chronic Valvular disease (Mitral & Aortic)

Due to _____

Other conditions (Include pregnancy within 3 months of death) 93d

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. B. Hunt, D.O. (M. D. or other)

Address Maillard, Mo Date signed 11/2/43

1185

(Licensed Embalmer's Statement on Reverse Side)

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.....

William Campbell

Licensed Embalmer No. *2620*

P. O. Address..... *Manassas Md.*

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.