

FILED JAN 14 1944
Registration District No. _____

Primary Registration District No. 5631

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

1. PLACE OF DEATH:
(a) County Laclede Co.
(b) City or town Rickland Rous 2
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Rural Hospital 2
(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)

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

3. (a) PRINT FULL NAME William Jessie Nigh
3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Nov day 8th
year 1943 hour 7 minute 45 am
21. I hereby certify that I attended the deceased from 6:10 1942 to Nov 8th 1942
that I last saw him alive on 11-7 1942
and that death occurred on the date and hour stated above.

4. Sex male 5. Color or race W
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Catharine Nigh
6. (c) Age of husband or wife if alive 62 years
7. Birth date of deceased 11-20-1869
(Month) (Day) (Year)

Immediate cause of death Paralysis left side
arteriosclerosis
Duration 3 days
Due to _____ yes

8. AGE: Years 73 Months 10 Days 16
If less than one day _____ hr. _____ min.
9. Birthplace Pulaski Co Mo
(City, town, or county) (State or foreign country)

Other conditions (Include pregnancy within 3 months of death) 82
Major findings: _____
Of operations _____
Of autopsy none

10. Usual occupation Farmer
11. Industry or business _____
12. Name Samuel Nigh
13. Birthplace unknown Mo
(City, town, or county) (State or foreign country)
14. Maiden name unknown
15. Birthplace unknown Mo
(City, town, or county) (State or foreign country)

PHYSICIAN _____
Underline the cause to which death should be charged statistically.

16. (a) Informant Catharine Nigh
(b) Address Rickland Rous 2
17. (a) Burial (b) Date thereof 11/10/43
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Doughty Seminary
18. (a) Signature of funeral director W B Cooper
(b) Address Rickland Mo
19. (a) Dec 31-43 (b) Grace Roper
(Date received local registrar) (Registrar's signature)

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 R. P. Houlet (M. D. or other) _____
Address Rickland Mo Date signed 12-10-43

Received

Laclede County Health Unit

File No. 12-43-178

Date Filed 1-11-44

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. B. Dupree*

Licensed Embalmer No. 3198

P. O. Address Richland 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.