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

10850

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

FILED APR 1944

Registration District No. 9[illegible]

Primary Registration District No. 4163

State File No.

Registrar's No. 30

1. PLACE OF DEATH:

(a) County DAVIESS

(b) City or town JAMESPORT
(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 82 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Daviess 31

(c) City or town Jamesport 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 Castella Nighswonger

3. (b) If veteran, name war —

3. (c) Social Security No. none

4. Sex Female

5. Color or race white

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

6. (b) Name of husband or wife P. V. Nighswonger

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

7. Birth date of deceased Oct, 27, 1861
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
82	4	18	— hr. — min.

9. Birthplace Daviess County Missouri 0
(City, town, or county) (State or foreign country)

10. Usual occupation Housekeeper

11. Industry or business None

FATHER
12. Name Melvin A. Godman
13. Birthplace Daviess County Mo. 0
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Clara Mikels
15. Birthplace Indiana 1
(City, town, or county) (State or foreign country)

16. (a) Informant X Maude Lester
(b) Address Jamesport, Mo

17. (a) burial (Burial, cremation, or removal) (b) Date thereof March 16, 1944
(Month) (Day) (Year)

(c) Place: burial or cremation Jamesport Mo

18. (a) Signature of funeral director Raymond A. Davis
(b) Address Pocatello Mo

19. (a) 3-17-1944 (Date received local registrar) (b) L. O. Dickesson (Registrar's signature)

1084

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 15th
year 1944 hour 3:30 minute A M.

21. I hereby certify that I attended the deceased from December 1 16, 1943, to March 11, 1944, that I last saw her alive on March 11, 1944 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Interstitial Nephritis	6 Mo.
Due to Haemoplegia	40 yrs
Due to	
Other conditions (Include pregnancy within 3 months of death)	

131 a

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?
(Specify type of place)
While at work? (e) Means of injury —

23. Signature R. N. Thompson (M. D. or other) MD
Address Jamesport, Mo. Date signed 3/16/44

(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 Myself, Registered Apprentice No. ....., working under my personal supervision.

Signed Raymond A Davis

Licensed Embalmer No. 3424

P. O. Address Trenton, 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.