15130

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAY 8 1944

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No.

Registration District No. 182 Primary Registration District No. 5682 Registrar's No. 5

1. PLACE OF DEATH:

(a) County Linn Rural North Salem

(b) City or town Township
(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
years, months or days)

2. USUAL RESIDENCE OF DECEASED: 58

(a) State Missouri (b) County Linn

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

(d) Street No. West of New Boston Mo
(If rural, give location)

(e) Citizen of foreign country? (Yes or No)

If yes, name country 0

3. (a) PRINT FULL NAME Jefferson Davis Nester

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex male

5. Color or race white 0

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

6. (b) Name of husband or wife Lizzie Nester

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

7. Birth date of deceased Jan (Month) 27 (Day) 1862 (Year)

8. AGE:

Years	Months	Days	If less than one day
82	2	4	hr. min.

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

10. Usual occupation Farming

11. Industry or business

FATHER
12. Name Calvin Nester
13. Birthplace (City, town, or county) Tenn / (State or foreign country)

MOTHER
14. Maiden name Nancy Gleen
15. Birthplace (City, town, or county) Ky / (State or foreign country)

16. (a) Informant Julia A. Coffman
(b) Address New Boston Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof April 12 1944 (Month) (Day) (Year)
(c) Place: burial or cremation North Salem Mo

18. (a) Signature of funeral director W. H. McCollum
(b) Address South Gifford Mo

19. (a) April 5, 44 (Date received local registrar) (b) Mrs. Guy Montgomery (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 31
year 1944 hour 7 minute A M.

21. I hereby certify that I attended the deceased from 5/13/43, 19 to 3/31, 1944.
that I last saw him alive on 3/21/44, 19 ;
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Chronic Myocarditis	
Due to Chronic Arthritis	
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?
(Specify type of place)
While at work? (e) Means of injury

23. Signature D. C. Gruar (M. D. or other) HD
Address Buckling, Mo. Date signed 4/5/44

1272 (Licensed Embalmer's Statement on Reverse Side)

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

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 W. H. McCollum

Licensed Embalmer No. 2052

P. O. Address South Gifford Mo

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.