

2
43
39
97823

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

FILED MAY 21 1944

Registration District No. 21947

Primary Registration District No. 5793

Registrar's No. _____

1. PLACE OF DEATH:

(a) County Moniteau Co.
(b) City or town Sandy Hook, Mo. Linn, Mo.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Sandyhook, Mo.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
In this community Life (Specify whether
years, months or days)

3. (a) PRINT FULL NAME William Martin Nivins

3. (b) If veteran, name war No 3. (c) Social Security No. NO

4. Sex Male 5. Color or face White 6. (a) Single, widowed, married, divorced Widowed

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

7. Birth date of deceased Mar 1 1870
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
74 0 22 hr. min.

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

10. Usual occupation Farmer

11. Industry or business _____

12. Name Isiah Nivins

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

14. Maiden name Abbie Moad

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

16. (a) Informant John Nivins

(b) Address Centerline, Mo.

17. (a) Burial (b) Date thereof Mar. 24, 1944
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Marion Cent

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

(b) Address California, Mo.

19. (a) 3-26-1944 (b) Graci Gentry
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Moniteau
(c) City or town Sandyhook, Mo.
(If outside city or town limits, write "RURAL")
(d) Street No. Sandyhook, Mo.
(If rural, give location)
(e) Citizen of foreign country? NO (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Mar day 22
year 1944 hour 8 minute _____ P. M.

21. I hereby certify that I attended the deceased from 2-4-1943 to 3-22-1944
that I last saw him alive on 3-22-1944
and that death occurred on the date and hour stated above.

Immediate cause of death Pharyngitis-Labna 2 days

Due to Arteriosclerosis, Coronary

Due to _____

Other conditions (Include pregnancy within 3 months of death) _____

Major findings: Of operations _____

Of autopsy _____

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 P. H. Reynolds (M. D. or other) _____

Address Centerline, Mo. Date signed 3-25-44

511

RECEIVED

District Health Officer No. 9,

District File Number.....

Date Filed 4. 28. 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.

W. J. Embalmer
Signed.....

Licensed Embalmer No.....

P. O. Address.....

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.