

No. 2
A-5-43
5-17-39
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THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 27658
Registrar's No. 22

FILED SEP 14 1944
Registration District No. 107

Primary Registration District No. 5424

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

1. PLACE OF DEATH:

(a) County Dunklin

(b) City or town Campbell Rural
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 1
(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:

(a) State Mo. (b) County Dunklin³⁵

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

(d) Street No. Union St.
(If rural, give location)

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

3. (a) PRINT FULL NAME Lawrence Lee Nines

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug day 7
year 1944 hour 14 minute 30 p M.

21. I hereby certify that I attended the deceased from _____, 19____, to Aug 7, 1944
that I last saw him alive on Aug 7, 1944
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 Infant

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

7. Birth date of deceased: March 15 1944
(Month) (Day) (Year)

Immediate cause of death: Central Respiratory Paralysis 1 day

Due to _____

Due to 16/e

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

8. AGE: Years _____ Months 5 Days 7 If less than one day _____ hr. _____ min.

9. Birthplace St. Louis Mo
(City, town, or county) (State or foreign country)

10. Usual occupation Infant

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

Major findings: _____
Of operations _____

Of autopsy _____

MOTHER FATHER

11. Industry or business _____

12. Name Homer Francis Nines

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

14. Maiden name Genevieve Clark

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

16. (a) Informant Mrs. Genevieve Nines
(b) Address Campbell, Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Aug. 8, 1944
(Month) (Day) (Year)

(c) Place: burial or cremation Farmington

18. (a) Signature of funeral director Landed Funeral Home
(b) Address Campbell, Mo

19. (a) August 8, 1944 (Date received from registrar) (b) Mrs. L. P. Oliver (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 Dr. J. P. Rudge (M. D. or other) Yes
Address Campbell, Mo Date signed 8/14/44

RECEIVED

District Health Office No. 2,

District File Number 944-1294

Date Filed 9-13-44

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.....

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.