

FILED NOV 19 1944

Registration District No. 209

Primary Registration District No. 3043

Registrar's No. 290

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

1. PLACE OF DEATH:

(a) County Marion

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

(c) Name of hospital or institution: Levering Hospital  
(If not in hospital or institution, write street number or location) 0

(d) Length of stay: In hospital or institution 5 Days (Specify whether years, months or days)

In this community 5 Days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Monroe 69

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

(d) Street No. Hunnswell Mo Route 2  
(If rural, give location)

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

If yes, name country 1

3. (a) PRINT FULL NAME Sterling Lankford Nesbit

3. (b) If veteran, name war None

3. (c) Social Security No. None

4. Sex Male 0

5. Color or race White

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

6. (b) Name of husband or wife Veturia Nesbit

6. (c) Age of husband or wife if alive 67 years

7. Birth date of deceased April 14 1878  
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>66</u>	<u>5</u>	<u>0</u>	hr. min.

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

10. Usual occupation Farmer

11. Industry or business \_\_\_\_\_

12. Name William Nesbitt

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

14. Maiden name Miriam Davenport  
(City, town, or county) (State or foreign country)

15. Birthplace Mercer County Kentucky  
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs Elbert Baker

(b) Address 2700 West on Topoka

17. (a) Burial (b) Date thereof 9/16/44  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Walnut Grove, Paris

18. (a) Signature of funeral director Wilson Sons

(b) Address Marion City Mo

19. (a) 9-15-44 (b) R. H. Connor  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 14  
year 1944 hour 7 minute 15 A.M.

21. I hereby certify that I attended the deceased from 9-10-44  
to 9-13-44  
that I last saw him alive on 9-13-44  
and that death occurred on the date and hour stated above.

Immediate cause of death Tuberculosis

Due to \_\_\_\_\_

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? NO

(Specify type of place)

23. Signature J. Brinton (M. D. or other) 0

Address Hannibal Mo Date signed 9-15-44

Duration

7 days

PHYSICIAN

Underline the cause to which death should be charged statistically.

1146

**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 *By me*

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

Signed *Lester L. Wilson*

Licensed Embalmer No. *3014*

P. O. Address *Monroeville, 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.**