

S. No. 2
DM-8-43
v. 5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **17240**

FILED JUN 11 1945

Registration District No. **205**

Primary Registration District No. **3127**

Registrar's No. **54**

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

1. PLACE OF DEATH:

(a) County Jasper Mo.
 (b) City or town Waltham City
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution 210 N. Penn
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution _____
 In this community _____
 years, months or days (Specify whether)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jasper
 (c) City or town Waltham City
 (If outside city or town limits, write "RURAL")
 (d) Street No. 210 N. Penn
 (If rural, give location)
 (e) Citizen of foreign country? _____ (Yes or No)
 If yes, name country _____

3. (a) PRINT FULL NAME Lionia Percel Nilson
 3. (b) If veteran, name war _____
 3. (c) Social Security No. _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 22
 year 1945 hour 7.50 minute 01 M.
 21. I hereby certify that I attended the deceased from _____
 _____ 19____ to _____ 19____
 that I last saw him _____ alive on _____ 19____
 and that death occurred on the date and hour stated above.

4. Sex Female 5. Color or race White
 6. (a) Single, widowed, married, divorced Married
 6. (b) Name of husband or wife George W. Nilson
 6. (c) Age of husband or wife if alive 62 years
 7. Birth date of deceased Sept 29 1880
 (Month) (Day) (Year)

Immediate cause of death Coronary Occlusion
 Due to _____

8. AGE: Years 64 Months 7 Days 23
 If less than one day _____ hr. _____ min.

Due to _____
 Other conditions (Include pregnancy within 3 months of death) _____
 Major findings: Of operations _____
 Of autopsy _____

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

10. Usual occupation _____
11. Industry or business at home
12. Name Clie Smith
13. Birthplace Texas
 (City, town, or county) (State or foreign country)
14. Maiden name Rosanda Rhodes
15. Birthplace Texas
 (City, town, or county) (State or foreign country)

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 _____

16. (a) Informant George W. Nilson
 (b) Address Waltham City, Mo.
 17. (a) Burial (b) Date thereof May 24 1945
 (Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation Forest Park Cem.
 18. (a) Signature of funeral director Waltham City, Mo.
 (b) Address Waltham City, Mo.
 19. (a) May 24 1945 (b) Mrs. Lillie Lage
 (Date received local registrar) (Registrar's signature)

23. Signature Bill J. Joplin (M. D. or other) Do
 Address Bill J. Joplin Date signed Joplin, Mo.

1180

(Licensed Embalmer's Statement on Reverse Side)

45-5-441

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 Clayton M. Johnston

Licensed Embalmer No. 4304

P. O. Address Webb City, 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.