

S. No. 2
DM-542
v. 5-17-39
X32873

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

38007

State File No. _____

FILED NOV 28 1945

Registration District No. 227

Primary Registration District No. 4337

Registrar's No. 56

1. PLACE OF DEATH:

(a) County Monroe

(b) City or town Paris
(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 1.0 days -
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson 48

(c) City or town Kansas City 3
(If outside city or town limits, write "RURAL")

(d) Street No. _____ (If rural, give location)

(e) Citizen of foreign country? no (Yes/No)

If yes, name country _____

3. (a) PRINT FULL NAME William Mann Nesbit

3. (b) If veteran, name war no

3. (c) Social Security No. no

4. Sex Male 5. Color or race 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 January 24, 1872
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

73 9 7 hr. _____ min.

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

10. Usual occupation Farmer

11. Industry or business _____

MOTHER FATHER

12. Name Wm Nesbit

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

14. Maiden name Mariah Wainport

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

16. (a) Informant Charles Nesbit

(b) Address Paris, Mo

17. (a) Burial (b) Date thereof 10-31-45
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St. Jude's, Monroe Co. Mo

18. (a) Signature of funeral director Wilson & Sons

(b) Address Monroe City, Mo

19. (a) 10-31-45 (b) Edgar Baker MD
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct day 31 year 1945 hour 7 minute 40 A.M.

21. I hereby certify that I attended the deceased from Oct 28 1945 to Oct 31 1945 that I last saw him alive on Oct 31 1945 and that death occurred on the date and hour stated above.

Immediate cause of death Hypostatic Pneumonia 8 hr

Due to _____

Due to _____

Other conditions Coronary arteriosclerosis 2 yr
(Include pregnancy within 3 months of death)

Major findings: _____

Of operations _____

Of autopsy _____

Duration

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 Edgar Baker (M. D. or other) _____

Address Paris, Mo Date signed 10-31-45

1475 (Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED

District Health Officer No. 10

District File Number 11-45-1701

Date Filed NOV 24 1945

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 A. W.

Registered Apprentice No. _____

working under my personal supervision.

Signed

Leslie L. Wilson

Licensed Embalmer No. 3014

P. O. Address Monroeville, Pa

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.