. S. No. 2
0M—5-43
v. 5-17-39
I X36671

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

FILED JAN 8 1946

State File No. 40448

Registration District No. 27 Primary Registration District No. 3005 Registrar's No. 104

1. PLACE OF DEATH:

(a) County Bates

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

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

(d) Length of stay: In hospital or institution few hours (Specify whether
In this community all life
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Bates 7

(c) City or town Butler 1
(If outside city or town limits, write "RURAL")

(d) Street No. 619 West Pine 1
(If rural, give location)

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

If yes, name country

3. (a) PRINT FULL NAME Robert Dale Niggley

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex Male 0

5. Color or race White

6. (a) Single, widowed, married, divorced 0

6. (b) Name of husband or wife

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

7. Birth date of deceased June 30 (Month) (Day) 1945 (Year)

8. AGE: Years | Months 5 | Days 15 | If less than one day hr. min.

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

10. Usual occupation

11. Industry or business

FATHER
12. Name Fred M. Niggley
13. Birthplace Bates Co. (City, town, or county) Missouri 0 (State or foreign country)

MOTHER
14. Maiden name Evlyn Mae Smith
15. Birthplace Linn Co. (City, town, or county) Missouri 1 (State or foreign country)

16. (a) Informant Fred Niggley
(b) Address Butler, Missouri

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof December 17 (Month) (Day) 1945 (Year)
(c) Place: burial or cremation Oakhill

18. (a) Signature of funeral director Booth Funeral Home
(b) Address Butler, Missouri

19. (a) Dec. 18 1945 (Date received local registrar) (b) Kendall Kerry (Registrar's signature)

1642

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December day 15
year 1945 hour 7:45 minute P: M.

21. I hereby certify that I attended the deceased from Dec. 13, 1945, to Dec. 15th, 1945
that I last saw him alive on Dec. 15, 1945
and that death occurred on the date and hour stated above.

Immediate cause of death Pulmonary Edema cardiac failure

Due to Pulmonary Pneumonia

Due to

Other conditions
(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 L. S. Laffine (M. D. or other) M.D.
Address Butler, Mo Date signed 12-18-45

(Licensed Embalmer's Statement on Reverse Side)

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 John G Underwood

Licensed Embalmer No. 3585

P. O. Address Bertha 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.