

S. No. 2
-12-45
5-17-39
X47070

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED DEC 30 1946

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **41259**
Registrar's No. **151**

Registration District No. **187**

Primary Registration District No. **3040**

1. PLACE OF DEATH:
(a) County Livingston
(b) City or town Chillicothe
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
102 Madison Street
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
(Specify whether _____)
In this community 4 years
years, months or days

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Livingston
(c) City or town Chillicothe
(If outside city or town limits, write "RURAL")
(d) Street No. 102 Madison Street
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME CLARENCE LEROY NIDA
3. (b) If veteran, name war No
3. (c) Social Security No. 551-30-6035

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month December day 18th
year 1946 hour 4 minute P. M.

4. Sex Male 5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Elizabeth Nida
6. (c) Age of husband or wife if alive 55 years
7. Birth date of deceased June 7 1894
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from Nov 20 1946 to Dec 18 1946
that I last saw him alive on Dec 18 1946
and that death occurred on the date and hour stated above.

8. AGE: Years Months Days If less than one day
52 7 11 hr. min.

Immediate cause of death Coronary Thrombosis Duration 2.5 Days
Due to _____
Due to _____

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

Other conditions (Include pregnancy within 3 months of death)
Major findings: Of operations 94A
Of autopsy _____

10. Usual occupation Laborer

11. Industry or business Hay Rake & Stacker Factory
12. Name James Nida
13. Birthplace Unknown
(City, town, or county) (State or foreign country)
14. Maiden name Syldria Clemonds
15. Birthplace Unknown
(City, town, or county) (State or foreign country)

PHYSICIAN _____
Underline the cause to which death should be charged statistically.

16. (a) Informant Mrs. Elizabeth Nida
(b) Address Chillicothe, Missouri
17. (a) Burial (b) Date thereof 12-20-46
(Burial, cremation, or removal) (Month) (Day) (Year)

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?

(c) Place: burial or cremation North Evans Cemetery
18. (e) Signature of funeral director Norman Funeral Home
(b) Address Chillicothe, Missouri
19. (a) Dec 19-46 (b) Francis B. Neill
(Date received local registrar) (Registrar's signature)

While at work? _____ (Specify type of place)
(c) Means of injury _____
Signature F. C. Collier (M. D. or other) _____
Address Chillicothe Mo Date signed 12/19/46

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

MOTHER FATHER

DISTRICT HEALTH OFFICE
Cameron, Mo.

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 Elton J. Norman

Licensed Embalmer No. 4036

P. O. Address. Chillicothe, Missouri

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.