S. No. 2
—12-45
5-17-39
X47070

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAY 27 1948

Registration District No. 160

THE STATE BOARD OF HEALTH OF MISSOURI

# STANDARD CERTIFICATE OF DEATH

State File No. 16776

Primary Registration District No. 3090

Registrar's No. 40

**1. PLACE OF DEATH:**

(a) County Jefferson

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

(c) Name of hospital or institution: 301 N. Adams
(If not in hospital or institution, write street number or location)

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

In this community

**2. USUAL RESIDENCE OF DECEASED:**

(a) State Missouri (b) County Jefferson 50

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

(d) Street No. 301 N. Adams 1
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No) 0

If yes, name country

3. (a) PRINT FULL NAME GUY EDWIN NESSEN

3. (b) If veteran, name war ####

3. (c) Social Security No. 488-03-7524

4. Sex Male 0

5. Color or race White

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

6. (b) Name of husband or wife Margaret Anna Nessen

6. (c) Age of husband or wife if alive 69 years

7. Birth date of deceased June (Month) 8 (Day) 1884 (Year)

8. AGE: Years 63 | Months 11 | Days 7 | If less than one day ___ hr. ___ min.

9. Birthplace Unknown (City, town, or county) Kansas (State or foreign country) 1

10. Usual occupation Foreman Shoe Factory

11. Industry or business Brown Shoe Company

MOTHER FATHER

12. Name Moses Edwin Nessen

13. Birthplace Unknown (City, town, or county) 9 (State or foreign country)

MOTHER

14. Maiden name Unknown

15. Birthplace Unknown (City, town, or county) 9 (State or foreign country)

16. (a) Informant Margaret Anna Nessen

(b) Address Festus, Missouri

17. (a) Cremation (Burial, cremation, or removal) (b) Date thereof 5 / 19 / 48 (Month) (Day) (Year)

(c) Place: burial or cremation Valhalla Crematory, Festus, Missouri

18. (a) Signature of funeral director "Finks"

(b) Address

19. (a) May 18 1948 (Date received by local registrar) (b) (Cleora) Bellville (Registrar's signature)

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month May day 15th year 1948 hour 10 minute 50 P. M.

21. I hereby certify that I attended the deceased from April 28, 1948 to May 15, 1948 that I last saw him alive on May 15, 1948 and that death occurred on the date and hour stated above.

| Immediate cause of death | Duration |
|---|---|
| Coronary Thrombosis | |
| Generalized Arteriosclerosis | |
| Due to | |
| Due to | |
| Other conditions (Include pregnancy within 3 months of death) | |

Major findings:
Of operations
Of autopsy 9 48

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 [signature] (M. D. or other) ####

Address Festus, Missouri Date signed 5-18-48

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 9
District File Number
Date Filed MAY 26 1948

## 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.....

Licensed Embalmer No.....

P. O. Address.....

**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.**