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FEDERAL SECURITY AGENCY
National Office of Vital Statistics
FILED NOV 8 1948

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 32604

Registration District No. 128

Primary Registration District No. 2000

Registrar's No. 947

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

1. PLACE OF DEATH:

(a) County: Greene

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

(c) Name of hospital or institution: 2400 West Walnut
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution: State lifetime (Specify whether years, months or days)
In this community: in Springfield about 12 Mo

2. USUAL RESIDENCE OF DECEASED:

(a) State: Missouri (b) County: Greene

(c) City or town: Springfield
(If outside city or town limits, write "RURAL")

(d) Street No.: 2400 West Walnut
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME: Willis Alfred Nimmo

3. (b) If veteran, name war: No

3. (c) Social Security No.: None

4. Sex: Male

5. Color or race: White

6. (a) Single, widowed, married, divorced: Widower

6. (b) Name of husband or wife: Cindrella Nimmo - Deceased

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

7. Birth date of deceased: Feb. (Month) 20 (Day) 1867 (Year)

8. AGE: Years 81 Months 8 Days 11 If less than one day: hr. min.

9. Birthplace: Dallas County (City, town, or county) Mo. (State or foreign country) 0

10. Usual occupation: Retired Farmer

11. Industry or business:

FATHER
12. Name: Columbus Nimmo
13. Birthplace: ? ? ? (City, town, or county) Missouri (State or foreign country) 0

MOTHER
14. Maiden name: Lavina Carter
15. Birthplace: ? ? ? (City, town, or county) Missouri (State or foreign country) 0

16. (a) Informant: Alvin H. King
(b) Address: Buffalo, Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 11-2, 1948 (Month) (Day) (Year)
(c) Place: burial or cremation: Mc. Gee Cemetery

18. (a) Signature of funeral director: W. L. Dunn
(b) Address: Springfield, Mo.

19. (a) 11-3-48 (Date received local registrar) (b) W. E. Handley M.D. (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct. day 31 year 1948 hour 11 minute 07 P.M.

21. I hereby certify that I attended the deceased from 12 Jan. 1946 to 31 Oct 1948 that I last saw him alive on 30 Oct 1948 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Cerebral Thrombosis	4 Mos.
Hemiplegia rt.	4 Mos.
Due to: Generalized Arteriosclerosis	
Due to:	
Other conditions (Include pregnancy within 3 months of death): 94.0	

Major findings:
Operations: Benign pros. Apr. 1947
Autopsy:

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: (M. D. or other)
Address: Date signed 11-1-48

(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 H L McCann

Licensed Embalmer No. 2727

P. O. Address Springfield 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.