

FILED JUN 25 1951

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 19896  
Registrar's No. 542

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 128 PRIMARY REG. DIST. NO. 2000

1. PLACE OF DEATH a. COUNTY <u>Greene</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before death.) a. STATE <u>Missouri</u> b. COUNTY <u>Greene</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Springfield</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Springfield</u>	
c. LENGTH OF STAY (in this place) <u>53 yrs</u>		d. STREET ADDRESS (If rural, give location) <u>1820 W Olive</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>1820 West Olive</u>		e. STREET ADDRESS <u>1820 W Olive</u>	
3. NAME OF DECEASED a. (First) <u>Emery</u> (Type or Print)		b. (Middle) <u>Ernest</u>	
c. (Last) <u>Nurss</u>		4. DATE OF DEATH (Month) <u>June</u> (Day) <u>17</u> (Year) <u>1951</u>	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>April 22, 1879</u>
9. AGE (In years last birthday) <u>72</u>		# UNDER 1 YEAR Months _____ Days _____	# OVER 1 YEAR Hours _____ Min. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Operator Feed Store</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Retail Feed Store</u>	
11. BIRTHPLACE (State or foreign country) <u>Pennsylvania</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>G P Nurss</u>		13b. MOTHER'S MAIDEN NAME <u>Delphine Warner</u>	
14. NAME OF HUSBAND OR WIFE <u>Mrs Annie L Nurss</u>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>	
16. SOCIAL SECURITY NO. <u>192-20-5403</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Mrs Annie L Nurss, Springfield, Mo.</u>	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary Arteriosclerosis of</u> ANTECEDENT CAUSES <u>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</u> DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS <u>Conditions contributing to the death but not related to the disease or condition causing death.</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		21. ACCIDENT SUICIDE HOMICIDE (Specify)	
21a. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21f. HOW DID INJURY OCCUR?		22. I hereby certify that I attended the deceased from <u>1949</u> , to <u>June 17, 1951</u> , that I last saw the deceased alive on <u>June 17, 1951</u> , and that death occurred at <u>10:45P</u> m., from the causes and on the date stated above.	
23a. SIGNATURE <u>Wm. F. H. [Signature]</u>		23b. ADDRESS <u>M.O. Springfield Mo.</u>	
23c. DATE SIGNED <u>6-20-51</u>		24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	
24b. DATE <u>June 20, 1951</u>		24c. NAME OF CEMETERY OR CREMATORY <u>White Memorial Gardens</u>	
24d. LOCATION (City, town, or county) (State) <u>Springfield, Missouri</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Alma Schmeyer, Springfield, Mo.</u>	
DATE REC'D BY LOCAL REG. <u>6-20-51</u>		REGISTRAR'S SIGNATURE <u>W. E. Handley</u>	

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

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(Licensed Embalmer's Statement on Reverse Side)

Fitch

JUN 13 1962

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.....

working under my personal supervision.

Student Embalmer No.....

Signed.....  
Student Embalmer

Signed James W. Wair.....

Licensed Embalmer No. 4650.....

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.