

25501

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUSMISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No.

Registrar's No.

Registration District No.

Primary Registration District No.

## 1. PLACE OF DEATH:

(a) County DeWitt(b) City or town Salem(c) Name of hospital or institution: V

(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution \_\_\_\_\_

In this community 70 years (Specify whether years, months or days)3. (a) PRINT FULL NAME James Thomas Nevens 152

3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_

4. Sex Male 5. Color or race white 6. (a) Single, widowed, married, divorced Widowed6. (b) Name of husband or wife Emma Nevens 6. (c) Age of husband or wife if alive \_\_\_\_\_ years7. Birth date of deceased 4 28 1859 (Month) (Day) (Year)8. AGE: Years 80 Months 2 Days 21 If less than one day hr. \_\_\_\_\_ min. \_\_\_\_\_9. Birthplace DeWitt County Mo (City, town, or county) (State or foreign country)10. Usual occupation Farmer

11. Industry or business \_\_\_\_\_

12. Name Jefferson Nevens13. Birthplace Tenn (City, town, or county) (State or foreign country)14. Maiden name Jamina Pinedexter15. Birthplace Tenn (City, town, or county) (State or foreign country)16. (a) Informant's own signature Ed Nevens(b) Address 714 N. 1st St17. (a) Burial (b) Date thereof 7 22 1939 (Burial, cremation, or removal) (Month) (Day) (Year)(c) Place: burial or cremation Misses Cemetery18. (a) Signature of funeral director H. D. Holman(b) Address Salem Mo19. (a) July 22 1939 (b) F. E. Butler M.D. (Date registered local registrar) (Registrar's signature)

## 2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County DeWitt(c) City or town Salem (If outside city or town limits, write "RURAL")

(d) Street No. \_\_\_\_\_ (If rural, give location)

(e) If foreign born, how long in U. S. A. \_\_\_\_\_ years

## MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 21 year 1939 hour 12 minute 30 P. M.21. I hereby certify that I attended the deceased from July 20 1939 to July 21 1939 that I last saw him alive on July 21 and that death occurred on the 21 and hour stated above.Immediate cause of death Chronic Myocarditis Duration 4 yrsDue to myocardium Chronic Gastric 5 yrsDue to Chronic Gastric Other conditions none (include pregnancy within 3 months death)Major findings: esoph. stenosis Of operations none Of autopsy none 130

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? \_\_\_\_\_

24. While at work \_\_\_\_\_ (Specify type of place) (Means of injury)

23. Signature Raymond H. Hunt (M. D. or other) MDAddress Salem, Mo Date signed 7/22/39

(Licensed Embalmer's Statement on Reverse Side)

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

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

Rev. 6-17-39  
U. S. GOVERNMENT PRINTING OFFICE: 1938

RECEIVED

District Health Officer No. 5,

District File Number 8399

Date Filed 8-10-39

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 ~~Me~~

N. D. Hobson, Registered Apprentice No. \_\_\_\_\_  
working under my personal supervision.

Signed N. D. Hobson

Licensed Embalmer No. 928

P. O. Address Salem N.W.

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, above space should be left blank.