

Registration District No. 638Primary Registration District No. 5875

Registrar's No. _____

1. PLACE OF DEATH:

(a) County PERRY *Saline Twp*
(b) City or town PERRYVILLE, R. F. D. # 1
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: _____(If not in hospital or institution, write street number or location) 3

(d) Length of stay: In hospital or institution _____ (Specify whether

In this community _____
years, months or days)3. (a) PRINT FULL NAME SAMUEL NIFONG 1523. (b) If veteran,
name war _____3. (c) Social Security
No. None4. Sex MALE5. Color or
race WHITE6. (a) Single, widowed, married,
divorced SINGLE

6. (b) Name of husband or wife _____

6. (c) Age of husband or wife if
alive _____ years7. Birth date of deceased (Unknown) 1881
(Month) (Day) (Year)

8. AGE:

Years

Months

Days

If less than one day

59

hr. _____ min.

9. Birthplace _____

(City, town, or county)

Illinois

(State or foreign country)

10. Usual occupation Farmer.

11. Industry or business _____

12. Name JOHN NIFONG

13. Birthplace _____

(City, town, or county)

ILLINOIS

(State or foreign country)

14. Maiden name SALLY BREWINGTON

15. Birthplace _____

(City, town, or county)

(Unknown)

(State or foreign country)

16. (a) Informant's own signature H. E. O'Neal(b) Address Perryville Mo.17. (a) Burial

(Burial, cremation, or removal)

(b) Date thereof May 29, 1940.

(Month) (Day) (Year)

(c) Place of burial Brown Cemetery.18. (a) Signature of funeral director Bey Funeral Home(b) Address PERRYVILLE Mo.19. (a) May 28, 1940

(Date received local registrar)

(b) H. F. Druff

(Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Perry(c) City or town Perryville, R. F. D. # 1.
(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 May day 27
year 1940 hour 6 PM minute _____ M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;

that I last saw him alive on _____, 19____,
and that death occurred on the date and hour stated above.

Immediate cause of death _____

Found dead in a field
Had complained of heart trouble

Due to _____

Due to _____

Other conditions _____

(Include pregnancy within 3 months of death)

Major findings: _____

Of operations _____

Of autopsy none

Duration

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 May 27 1940

(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? 5013While at work? yes (Specify type of place)(e) Means of injury covered28. Signature H. F. Druff (M. D. or other) _____Address Perryville Mo Date signed 5/28/40

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

REV. 5-17-39
1 X19511

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.

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.....

Le Roy J. Schindler....., Registered Apprentice No. *231*
working under my personal supervision.

Signed..... *Albert H. Bey*.....

Licensed Embalmer No. *3866*.....

P. O. Address..... *Perryville, 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, above space should be left blank.