

DEC 12 1940

Registration District No. 28

Primary Registration District No. 5409B

Registrar's No. 14

1. PLACE OF DEATH:

- (a) County PIKE
 (b) City or town CLARKSVILLE
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
CLARKSVILLE R.F.D. #1
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution
 In this community ENTIRE LIFE (Specify whether
 years, months or days) 2

3. (a) PRINT
FULL NAMEJOHN WILLIAM NESTER

3. (b) If veteran,

name war

3. (c) Social Security

No.

4. Sex

MALE5. Color or
raceWHITE6. (a) Single, widowed, married,
divorcedWIDOWED

6. (b) Name of husband or wife

MARY ALMOND NESTER6. (c) Age of husband or wife if
aliveDECEASED years

7. Birth date of deceased

DECEMBER 7th 1860

(Month)

(Day)

(Year)

8. AGE:

Years

Months

Days

If less than one day

79115

hr.

min.

9. Birthplace

PIKE COMO

(City, town, or county)

(State or foreign country)

10. Usual occupation

FARMER

11. Industry or business

FARMING

MOTHER FATHER

12. Name

ANDREW NESTER

13. Birthplace

GERMANY

(City, town, or county)

(State or foreign country)

14. Maiden name

ELEANOR KHOUK

15. Birthplace

GERMANY

(City, town, or county)

(State or foreign country)

16. (a) Informant's own signature

William Nester

(b) Address

Clarksville Mo17. (a) BURIAL

(Burial, cremation, or removal)

(b) Date thereof

Nov 14 1940

(Month)

(Day)

(Year)

(c) Place: burial or cremation

DOVER CEMETERY

18. (a) Signature of funeral director

W. J. [Signature]

(b) Address

Jackson Mo19. (a) Nov 23

(Date received local registrar)

(b) Wm. [Signature]

(Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

- (a) State MISSOURI (b) County PIKE
 (c) City or town CLARKSVILLE (RURAL)
 (If outside city or town limits, write "RURAL")
 (d) Street No. R.F.D #1
 (If rural, give location)
 (e) If foreign born, how long in U. S. A. _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov day 12th
 year 1940 hour 5 minute 30 A.M.

21. I hereby certify that I attended the deceased from Nov. 10,
1940, 19____, to Nov. 12, 1940
 that I last saw him alive on Nov. 11, 1940, 19____;
 and that death occurred on the date and hour stated above
 Immediate cause of death Cerebral hemorrhage

Duration

12 hrs.

Due to

Atherosclerosis3 hrs

Due to

Aspxg 2 1/2

Other conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of 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?
 While at work? _____ (Specify type of place) _____
 (e) Means of injury _____

23. Signature

F M Broulett

(M. D. or nurse)

Address

Clarksville MoDate signed 11/12/40

RECEIVED

is District Health Officer No. 10

is District File Number 12-40-2265

is Date Filed DEC 11 1940

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.....

Harold Turner

Registered Apprentice No.....

working under my personal supervision.

Signed *Harold Turner*

Licensed Embalmer No. 3720

P. O. Address *Louisiana*

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.