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4-41  
7-39  
X28390

FILED SEP 30 1941

Registration District No. **584**

Primary Registration District No. **5339**

Registrar's No. \_\_\_\_\_

1. PLACE OF DEATH:

(a) County **Howell**  
(b) City or town **Spring Creek Rural**  
(c) Name of hospital or institution: \_\_\_\_\_  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_  
(Specify whether \_\_\_\_\_)  
In this community \_\_\_\_\_  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Howell**  
(c) City or town **Rural**  
(If outside city or town limits, write "RURAL")  
(d) Street No. **Pottersville**  
(If rural, give location)  
(e) Citizen of foreign country? **0** (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME **Victoria Nemsgern**

3. (b) If veteran, name war **--** 3. (c) Social Security No. **--**

4. Sex **Female** 5. Color or race **White** 6. (a) Single, widowed, married, divorced **Married**  
6. (b) Name of husband or wife **Nick Nemsgern** 6. (c) Age of husband or wife if alive **64** years  
7. Birth date of deceased **Jan. 27 1877**  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
**64 6 19** hr. min.

9. Birthplace **Ozark County Missouri**  
(City, town, or county) (State or foreign country)

10. Usual occupation **Housewife**

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

12. Name **Riley Bond**  
13. Birthplace **Missouri**  
(City, town, or county) (State or foreign country)

14. Maiden name **Nancy Birch**  
15. Birthplace **Ozark County Missouri**  
(City, town, or county) (State or foreign country)

16. (a) Informant **Nick Nemsgern**  
(b) Address **Pottersville, Mo.**

17. (a) **Burial** (b) Date thereof **8-18-41**  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation **Oak Mound Cem.**

18. (a) Signature of funeral director **L. W. Carr**  
(b) Address **Trayer, Mo.**

19. (a) **8-18-41** (b) **Vida W. Simons**  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Aug.** day **16**  
year **1941** hour **11** minute **P.** M.

21. I hereby certify that I attended the deceased from **Dec 16 1941**  
to **Aug 16 1941**  
that I last saw her alive on **March 12 1941**  
and that death occurred on the date and hour stated above.

Immediate cause of death **Mitral insufficiency 3 yrs**  
Duration \_\_\_\_\_

Due to \_\_\_\_\_  
Due to \_\_\_\_\_

Other conditions **Chronic nephritis**  
(Include pregnancy within 3 months of death)

Major findings:  
Of operations \_\_\_\_\_  
Of autopsy **1318**

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 **C. A. Beach** (M. D. or other) **MD**  
Address **Caljak mo** Date signed **8-20**

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

RECEIVED

District Health Officer No. 5,

District File Number: 8811975

Date Filed: .....

**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: Leo Davis

Licensed Embalmer No. 3857

P. O. Address: Hayward

**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.**