

FILED MAY 1942

Registration District No. 402

Primary Registration District No. 5632

Registrar's No. 549

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

1. PLACE OF DEATH:

(a) County Lawrence
(b) City or town Rural Greene Twp
(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)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community All her life (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

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

3. (a) PRINT FULL NAME

Mildred Nivens

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 widow

6. (b) Name of husband or wife _____

6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased _____

(Month)

(Day)

(Year)

8. AGE:

Years

Months

Days

If less than one day

84

1

28

hr.

min.

9. Birthplace _____

Cameron Co. N. Mo.

(City, town, or county) (State or foreign country)

10. Usual occupation _____

11. Industry or business _____

12. Name _____

Simon Stockton

13. Birthplace _____

unknown
(City, town, or county) (State or foreign country)

14. Maiden name _____

Mary Steek

15. Birthplace _____

N. Mo.
(City, town, or county) (State or foreign country)

16. (a) Informant _____

W. A. Nivens

(b) Address _____

La. Russell Mo. B. P.

17. (a) _____

Burial
(Burial, cremation, or removal)

(b) Date thereof 3-21-42
(Month) (Day) (Year)

(c) Place: burial or cremation _____

Thomas

18. (a) Signature of funeral director _____

Thomas Miller

(b) Address _____

Miller Mo.

19. (a) _____

5-2-1942
(Date received local registrar)

Anna Whinnery
(Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 3 day 19
year 1942 hour 10 minute 30 P.M.

21. I hereby certify that I attended the deceased from Jan 14, 1941, to Mar 19, 1942
that I last saw her alive on Mar 16, 1942
and that death occurred on the date and hour stated above.

Immediate cause of death Chronic interstitial nephritis
degeneration several years

Due to _____
Due to _____
Other conditions (Include pregnancy within 3 months of death) _____

Major findings:

Of operations _____

Of autopsy _____

131a

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 _____
(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)

(c) Means of injury _____

23. Signature L. J. Dalma (M. D. or other) O
Address Miller Mo. Date signed 3-20-42

1182

RECEIVED

District Health Officer No. 6,

District File Number 542-638

Date Filed MAY 7 1942

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 L. P. Leimon
Licensed Embalmer No. 3297
P. O. Address Miller 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.