

FILED MAY 10 1943

Registration District No. 273

Primary Registration District No. 3051

Registrar's No. 45

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

1. PLACE OF DEATH:
(a) County Perry
(b) City or town Perryville
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
1
(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: 79
(a) State Missouri (b) County Perry
(c) City or town Perryville
(If outside city or town limits, write "RURAL")
(d) Street No.....
(If rural, give location)
(e) Citizen of foreign country? NO. (Yes or No)
If yes, name country..... 0

3. (a) PRINT FULL NAME Lawrence Maurice Nessler

3. (b) If veteran, name war..... 3. (c) Social Security No. None

4. Sex Male 5. Color or Race White 6. (a) Single Married, divorced.....

6. (b) Name of husband or wife Julia Callier 6. (c) Age of husband or wife if alive 70 years

7. Birth date of deceased January 19, 1868
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	75	3	7 hr. min.

9. Birthplace Perry County (City, town, or county) Mo. (State or foreign country)

10. Usual occupation Farmer.

11. Industry or business.....

12. Name Andrew Nessler

13. Birthplace Germany (City, town, or county) (State or foreign country)

14. Maiden name Justine Denizet

15. Birthplace France (City, town, or county) (State or foreign country)

16. (a) Informant Yale Nessler

(b) Address Perryville, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof April 29, 1943
(Month) (Day) (Year)

(c) Place: burial or cremation Mt. Hope Cemetery

18. (a) Signature of funeral director Bay Funeral Home

(b) Address Perryville, Mo.

19. (a) 4-25-43 (Date received local registrar) (b) Thos. J. Elder (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 26 th
year 1943 hour 9:30 minute A.M.

21. I hereby certify that I attended the deceased from Aug 15 1942 to April 26 1943
that I last saw him alive on April 26 1943
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Occlusion Duration 4 hrs.

Due to Coronary Sclerosis 2 yrs

Due to Chronic myocarditis

Other conditions.....
(Include pregnancy within 3 months of death)

Major findings:
Of operations..... 93%
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 Oscar A. Carron (M. D. or other)
Address Perryville Mo Date signed 4-27-43

RECEIVED

District Health Officer No. 4
District File Number 543-2225
Date Filed 5-8-43

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..... *Albert 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, fact should be so stated above.