

FILED APR 13 1944

Registration District No. _____

Primary Registration District No. **6018**

Registrar's No. **6**

1. PLACE OF DEATH:

(a) County **Ray**
(b) City or town **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 _____
In this community **11 years**
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State **Mo** (b) County **Ray**
(c) City or town **Rural**
(d) Street No. **2 mi north East of Breckenridge**
(e) Citizen of foreign country? _____
If yes, name country _____

3. (a) PRINT FULL NAME **Joseph Rudolph Nespory**

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

4. Sex **Male** 5. Color or race **w** 6. (a) Single, widowed, married, divorced **m**
6. (b) Name of husband or wife **Albertine McVay** 6. (c) Age of husband or wife if alive **62** years
7. Birth date of deceased _____

8. AGE: Years **64** Months **0** Days **7** If less than one day _____ hr. _____ min.

9. Birthplace _____ (City, town, or county) _____ (State or foreign country)

10. Usual occupation **farmer**

11. Industry or business _____

12. Name **Joseph Nespory**
13. Birthplace _____
14. Maiden name **Coraline McVay**
15. Birthplace _____

16. (a) Informant **Mrs Albertine Nespory**

(b) Address **Excelsior Springs Mo**

17. (a) **Burial** (b) Date thereof **Mar 13-44**

(c) Place: burial or cremation **Crown Hill**

18. (a) Signature of funeral director **Blair McVay**

(b) Address **Excelsior Springs Mo**

19. (a) **3/15/44** (b) **D. G. F. Adkinson**

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **March** day **11** year **1944** hour **3** minute **30 a.m.**

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____; that I last saw h_____ alive on _____, 19____; and that death occurred on the date and hour stated above.

Immediate cause of death _____

Due to **Coronary Occlusion**

Due to _____

Other conditions _____

Major findings: Of operations _____

Of autopsy _____

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) _____

(b) Date of occurrence **March 11, 1944**

(c) Where did injury occur **Excelsior Springs, Ray Mo**

(d) Did injury occur in or about home, on farm, in industrial place, in public place? **Home**

While at work? **no** (Specify type of place) _____

23. Signature **John F. Baber** (M.D. or other) _____

Address **Excelsior Mo** Date signed **3/14/44**

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

900

RECEIVED

District Health Officer No. 8,

District File Number.....

Date Filed 4-12-77

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 Carl Rapp

Licensed Embalmer No. 3458

P. O. Address Excelsior Spgs. 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.