S. No. 2
M—5-42
. 5-17-39
I X32873

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAY 2 1944

Registration District No. 2284

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 14709

Primary Registration District No. 2000

Registrar's No. 340

39
2
6

1. PLACE OF DEATH:

(a) County: Greene

(b) City or town: Springfield
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Springfield Baptist Hosp. O
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution: 4 Days (Specify whether years, months or days)

In this community: [illegible]

2. USUAL RESIDENCE OF DECEASED:

(a) State: Missouri (b) County: Greene 39

(c) City or town: Springfield 2
(If outside city or town limits, write "RURAL")

(d) Street No.: 2100 W. Walnut 6
(If rural, give location)

(e) Citizen of foreign country? (Yes or No)

If yes, name country: O

3. (a) PRINT FULL NAME: Deryll Nimmo

3. (b) If veteran, name war: No

3. (c) Social Security No.: Unk.

4. Sex: Male

5. Color or race: White

6. (a) Single, widowed, married, divorced: O Single

6. (b) Name of husband or wife: None

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

7. Birth date of deceased: Aug. (Month) 13, (Day) 1916 (Year)

8. AGE: Years 27 | Months 8 | Days 3 | If less than one day: hr. min.

9. Birthplace: Charity, Dallas Co., Mo. O
(City, town, or county) (State or foreign country)

10. Usual occupation: Frisco Employee

11. Industry or business:

FATHER
12. Name: Sherman L. Nimmo
13. Birthplace: Dallas Co. Mo. O
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name: Ada A. Newman
15. Birthplace: Dallas Co. Mo. O
(City, town, or county) (State or foreign country)

16. (a) Informant: Harold Nimmo
(b) Address: 2410 W. Olive, Spfd., Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 4/18/1944 (Month) (Day) (Year)
(c) Place: burial or cremation: Greenlawn (Cem.)

18. (a) Signature of funeral director: Dunn Funeral Home
(b) Address: 629 W. Walnut, Spgfd. Mo.

19. (a) 4-18-44 (Date received local registrar) (b) E. M. Handley (Registrar's signature)

984

(Licensed Embalmer's Statement on Reverse Side)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Apr. day 16, year 1944 hour 12 minute 45 P.M.

21. I hereby certify that I attended the deceased from 4-14- 1944 to 4/16 / 1944 that I last saw him alive on 4-16- / 1944 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Pancreatitis	18 mos
Due to:	
Due to:	
Other conditions (Include pregnancy within 3 months of death): Rheumatic Myocarditis	
Major findings: Of operations: SBC	
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? (Specify type of place)

While at work? (e) Means of injury:

23. Signature: C. E. Feller O (M. D. ~~or other~~)

Address: Springfield Mo Date signed: 4/17/44

SEP 18 1945

MAY 31 1944

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 C. D. McCracken

Licensed Embalmer No. 2891

P. O. Address.....

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.