S. No. 2
M—5-42
v. 5-17-39
I X32873

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

9690

State File No.

FILED MAR 30 1945

Registration District No. 188

Primary Registration District No. 5465

Registrar's No. 209

1. PLACE OF DEATH:

(a) County GREENE

(b) City or town Rural - N. Campbell Twp
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 2415 N. FORT AVE
(If not in hospital or institution, write street number or location) Route #5

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

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County GREENE 39

(c) City or town Rural - SPRINGFIELD - N. Campbell Twp
(If outside city or town limits, write "RURAL")

(d) Street No. 2425 N. FORT AVE.
(If rural, give location)

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

If yes, name country

3. (a) PRINT FULL NAME ALBERT F. NIMMO

3. (b) If veteran, name war NONE

3. (c) Social Security No. NONE.

4. Sex MALE

5. Color or race WHITE

6. (a) Single, widowed, married, divorced MARRIED

6. (b) Name of husband or wife ROSELLA NIMMO

6. (c) Age of husband or wife if alive 77 years

7. Birth date of deceased Feb. (Month) 9 (Day) 1868 (Year)

8. AGE: Years 77 | Months 1 | Days 4 | If less than one day hr. min.

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

10. Usual occupation Retired Rail Road Employee

11. Industry or business R.R. Work

FATHER
12. Name Christopher C. Nimmo
13. Birthplace Unk. (City, town, or county) unknown (State or foreign country)

MOTHER
14. Maiden name unknown
15. Birthplace Unk. (City, town, or county) unknown (State or foreign country)

16. (a) Informant Fred Nimmo
(b) Address 2415 N. Fort Springfield Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Mar. 16-1945 (Month) (Day) (Year)
(c) Place: burial or cremation Green Lawn Cem.

18. (a) Signature of funeral director J. W. Klingner & Co
(b) Address Springfield Mo.

19. (a) 3-14-45 (Date received local registrar) (b) Dr W. E. Handley (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 13 year 1945 hour 10 minute 15 a M.

21. I hereby certify that I attended the deceased from no physician in no attendance, 19 ; that I last saw h alive on , 19 ; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Coronary occlusion.	
Due to	
Due to 94a	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
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 Murray C. Stone Coroner 2 (M. D. or other)
Address Springfield, Mo. Date signed 3-13-45

(Licensed Embalmer's Statement on Reverse Side)

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. Max Rhodes

Licensed Embalmer No. 4071

P. O. Address Springfield

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.

X