S. No. 2
M—5-43
. 5-17-39
I X36671

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUL 16 1945

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 23329

Registration District No. 1 Primary Registration District No. 3000 Registrar's No. 159

1. PLACE OF DEATH:

(a) County Adair
(b) City or town Kirksville
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Laughlin Hosp. 0
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 5 Days (Specify whether
In this community 10 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Adair 1
(c) City or town Kirksville 0
(If outside city or town limits, write "RURAL")
(d) Street No. Rural R.#2 0
(If rural, give location)
(e) Citizen of foreign country? 0 (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME MAE THUDIUM NESTER.
3. (b) If veteran, name war
3. (c) Social Security No.
4. Sex F 1
5. Color or race W.
6. (a) Single, widowed, married, divorced M. 1
6. (b) Name of husband or wife Von Nester
6. (c) Age of husband or wife if alive 42 years
7. Birth date of deceased Oct. (Month) 9 (Day) 1902 (Year)

8. AGE: Years 42 Months 8 Days 18 If less than one day hr. min.

9. Birthplace Linn Co. (City, town, or county) Mo. 0 (State or foreign country)
10. Usual occupation Housewife
11. Industry or business
FATHER
12. Name John Thudium
13. Birthplace Linn Co. Mo. (City, town, or county) (State or foreign country)
MOTHER
14. Maiden name Rosie Watson
15. Birthplace Linn Co. Mo (City, town, or county) (State or foreign country)
16. (a) Informant Mrs Harry Overstreet
(b) Address Kirksville Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 6-29-45 (Month) (Day) (Year)
(c) Place: burial or cremation Nester Cemetery
18. (a) Signature of funeral director Summers & Powell
(b) Address Kirksville Mo
19. (a) 6-29-45 (Date received local registrar) (b) Mrs. J. L. Wayne (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 27 year 1945 hour 9 minute 45 P.M.

21. I hereby certify that I attended the deceased from 1941, to June 27, 1945 that I last saw her alive on June 27, 1945; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Left Cerebral Hemorrhage	6 days
Due to Hypertensive Heart disease 260/125	years
Due to Chr. Nephritis with uremia	years
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations
Of autopsy

131K

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 H. D. McClure (M. D. or other) DO.
Address Kirksville, Mo Date signed 6/28/45

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 10
District File Number 7-45-1160
Date Filed JUL 13 1945

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 W. C. Summers

Licensed Embalmer No. 2159

P. O. Address Tuckerville 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.