

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

1. PLACE OF DEATH:

(a) County Johnson

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

(c) Name of hospital or institution: XXXX
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution none (Specify whether years, months or days)

In this community 56 years (Specify whether years, months or days)

3. (a) PRINT FULL NAME WILLIAM NEVINS

3. (b) If veteran, name war none

3. (c) Social Security No. none

4. Sex male 5. Color or race negro

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

6. (b) Name of husband or wife Winnie B. Lawrence

6. (c) Age of husband or wife if alive dec'd years

7. Birth date of deceased May 1, 1865
(Month) (Day) (Year)

8. AGE: Years 81 Months 7 Days 6 If less than one day hr. _____ min.

9. Birthplace Calloway County, Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Concrete & well digging

11. Industry or business same

MOTHER FATHER { 12. Name Thomas Nevins

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

14. Maiden name unknown

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

16. (a) Informant Howard Nevins

(b) Address Holden, Missouri

17. (a) burial (b) Date thereof 12-12-46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Holden, Missouri

18. (a) Signature of funeral director Canaday & Ropp

(b) Address Holden, Missouri

19. (a) Dec 18, 1946 (b) Mrs H P Redford
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Johnson

(c) City or town Holden
(If outside city or town limits, write "RURAL")

(d) Street No. none (If rural, give location)

(e) Citizen of foreign country? no (Yes or No)
If yes, name country XXXX

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December day 9
year 1946 hour 6:55 minute _____ A. M.

21. I hereby certify that I attended the deceased from Feb 12
1943 to Dec 9 1946
that I last saw him alive on Dec 7 1946
and that death occurred on the date and hour stated above.

Immediate cause of death Acute Endocarditis

Due to Chronic Myocarditis

Due to _____

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations _____

Of autopsy 92E

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 J

23. Signature James H Holmby (M. D. or other) DO
Address Holden, Mo Date signed 12-12-46

Duration _____

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

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 Samuel B Ropp
Licensed Embalmer No. 4044
P. O. Address Holden

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.