S-N
S—1/47
. 5-17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED AUG 30 1947

Registration District No. 260

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 28516

Primary Registration District No. 5884

Registrar's No. 13

1. PLACE OF DEATH:
(a) County: Osage
(b) City or town: Linn, Mo. R. D. Washington Twp. (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: At Home (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution ..... (Specify whether years, months or days) In this community 25 years

2. USUAL RESIDENCE OF DECEASED:
(a) State: Missouri (b) County: Osage
(c) City or town: Linn, Mo. R. D. (Rural) (If outside city or town limits, write "RURAL")
(d) Street No. Washington Twp. (If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country .....

3. (a) PRINT FULL NAME: Clerance Jos Nilges
3. (b) If veteran, name war .....
3. (c) Social Security No. .....

4. Sex: Male
5. Color or race: White
6. (a) Single, widowed, married, divorced: Single
6. (b) Name of husband or wife .....
6. (c) Age of husband or wife if alive ..... years
7. Birth date of deceased: April 14th, 1922 (Month) (Day) (Year)

8. AGE: Years	Months	Days	If less than one day
25	3	29	..... hr. ..... min.

9. Birthplace: Linn, Mo. (City, town, or county) R. D. (State or foreign country)
10. Usual occupation: Invalid
11. Industry or business .....
FATHER 12. Name: Herman Nilges, Sr.
13. Birthplace: Loose Creek, Mo. (City, town, or county) (State or foreign country)
MOTHER 14. Maiden name: Minnie Neikamp
15. Birthplace: Loose Creek, Mo. (City, town, or country) (State or foreign country)
16. (a) Informant: Herman Nilges, Sr.
(b) Address: Linn, Mo. R. D.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 8/16/47 (Month) (Day) (Year)
(c) Place: burial or cremation: RichFountain, Mo.
18. (a) Signature of funeral director: Clyde Morton
(b) Address: Box 255, Linn, Mo.
19. (a) 8-16-47 (Date received local registrar) (b) Mrs. H. H. Moore (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 13th, year 1947 hour 10 minute 30 P.M.
21. I hereby certify that I attended the deceased from ....., 19....., to ....., 19....., that I last saw him alive on Aug 13, 1947, and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Myocardial Failure	
Due to: Fmal Nutrition	
Due to: Congenital Spastic Paraplegia	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations: 82
Of autopsy .....

PHYSICIAN — Underline the cause of 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) 2
While at work? ..... (e) Means of injury .....
23. Signature: Bougwell Baldwin (M. D. or other) DO
Address: Linn, Mo. Date signed: 8/15/47

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 9,
District File Number
Date Filed AUG 28 1947

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 Vernon M. Moulton

Licensed Embalmer No. 4125

P. O. Address Linn 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.