No. 2
1/47
5-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED JAN 5 1948

Registration District No. 2089

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 42363

Primary Registration District No. 4320

Registrar's No. 76

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

1. PLACE OF DEATH:
(a) County: Marion
(b) City or town: Rural
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 0
(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: 19 years

2. USUAL RESIDENCE OF DECEASED:
(a) State: Mo (b) County: Marion 64
(c) City or town: Palmyra 0
(If outside city or town limits, write "RURAL")
(d) Street No. 0
(If rural, give location)
(e) Citizen of foreign country? ..... (Yes or No)
If yes, name country .....

3. (a) PRINT FULL NAME: WILLIAM HERMAN NILL
3. (b) If veteran, name war: World War 2
3. (c) Social Security No. 489-26-9417
4. Sex: Male 0
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: Oct (Month) 24 (Day) 1923 (Year)

8. AGE: Years	Months	Days	If less than one day
24	2	2	..... hr. ..... min.

9. Birthplace: Quincy (City, town, or county) Ill. 1 (State or foreign country)
10. Usual occupation: Student
11. Industry or business: Wm Jewell College
FATHER
12. Name: Ernest H. Nill
13. Birthplace: Germany (City, town, or county) 4 (State or foreign country)
MOTHER
14. Maiden name: Rosa Sand 1
15. Birthplace: Germany (City, town, or county) 4 (State or foreign country) 1
16. (a) Informant: Ernest H. Nill
(b) Address: 306 N. Main Palmyra Mo
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 12-29-47 (Month) (Day) (Year)
(c) Place: burial or cremation: Palmyra Mo
18. (a) Signature of funeral director: E. D. Sprague
(b) Address: Palmyra Mo
19. (a) 12-30-47 (Date received local registrar) (b) Viola Geer, Deputy (Registrar's signature) 89

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December Day 26th year 1947 hour ..... minute 3a M.
21. I hereby certify that I attended the deceased from ....., 19....., to ....., 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: Internal Injuries	
Due to: Overturning of car on U.S. highway #24	
Due to:	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
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): Accident 64
(b) Date of occurrence: 12-26-47
(c) Where did injury occur? Marion (City or town) Mo (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? Public highway (Specify type of place) 3
While at work? (e) Means of injury .....
23. Signature: James Barnell (M. D. or other) Coroner of Marion Co
Address: Hannibal, Mo Date signed 12-26-47

Jefferson City Printing Co. (Licensed Embalmer's Statement on Reverse Side)

JAN 30 1948

JAN 16 1948

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 Eugene D. Sprague

Licensed Embalmer No. 3245

P. O. Address Palmyra, 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.

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. Jan

Registration District No. 209 Primary Registration District No. 4820 Registrar's No. 76

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

1. PLACE OF DEATH:

(a) County Marion

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

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

(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 Marion

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

(d) Street No.
(If rural, give location)

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

If yes, name country

3. (a) PRINT FULL NAME William H. Nell

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex M

5. Color or race W

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

6. (b) Name of husband or wife

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

7. Birth date of deceased Oct 24 1925
(Month) (Day) (Year)

8. AGE: Years 24 Months Days If less than one day hr. min.

9. Birthplace (City, town, or county) (State or foreign country) Ill

10. Usual occupation

11. Industry or business

FATHER
12. Name
13. Birthplace (City, town, or county) (State or foreign country)

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

16. (a) Informant
(b) Address

17. (a) (Burial, cremation, or removal) (b) Date thereof (Month) (Day) (Year)
(c) Place: burial or cremation

18. (a) Signature of funeral director
(b) Address

19. (a) (Date received local registrar) (b) E. M. Fuller (Registrar's signature)

MEDICAL CERTIFICATION

20. **DATE OF DEATH:** Month Oct day 24
year 1942 hour minute M.

21. I hereby certify that I attended the deceased from , 19 , to , 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	
Due to	
Due to	
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 (M. D. or other)
Address Date signed

SUPPLEMENTARY

42363