

REC'D OCT 27 1938

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

33526

Do not use this space.

1. PLACE OF DEATH

(a) County Texas Registration District No. 568
(b) Township Sherrill Primary Registration District No. 6149 Registered No. 27
(c) City Sherrill (d) Street No. _____ (If death occurred in Hospital or Institution, write its name instead of street and number) St. _____
(e) Length of residence in city or town where death occurred, yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

(a) Residence, No. _____ St. (If nonresident, give city or town and State)
Ella Nickless 243
(Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX F 4. COLOR OR RACE w 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married

5A. IF MARRIED, WIDOWED OR DIVORCED HUSBAND OF (OR) WIFE OF J. M. Nickless

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug 27 1869

7. AGE YEARS 69 MONTHS _____ DAYS 9 If LESS than 1 day, _____ hrs. or _____ min.

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. housewife

9. Industry or business in which work was done, as saw mill, bank, etc. _____

10. Date deceased last worked at this occupation (month and year) July 1938 11. Total time (years) spent in this occupation 47

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Licking Mo

13. NAME Henry B. Ferguson

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Not known Ohio

15. MAIDEN NAME Ann Harold

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Not known Ohio

17. INFORMANT (ADDRESS) Mrs. Alva Smith

18. BURIAL, CREMATION, OR REMOVAL PLACE Shaffer DATE 9-6-38

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Smith Ferguson

20. FILED 9/5 1938 J. L. Pett Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept 5 1938

22. I HEREBY CERTIFY, That I attended deceased from July 1938, to Sept 5 1938
I last saw him alive on Sept 5 1938 Death is said to have occurred on the date stated above, at 11 a. m.
The principal cause of death and related causes of importance were as follows:

apoplexy Date of onset _____

Other contributors/causes of importance: chronic nephritis

Name of operation none Date of _____
What test confirmed diagnosis? none Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? no Date of injury _____, 19____
Where did injury occur? _____
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury _____
Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? no
If so, specify _____
(Signed) L. B. Randall, M. D.
(Address) Licking Mo

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,

Erbert E Ferguson

or by

Registered Apprentice No....., working under my personal supervision.

Signed *Erbert E Ferguson*

Licensed Embalmer No. *2945*

P. O. Address *Licking 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, above space should be left blank.