

ALL AUG 9 1940

No. 2
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. **25228**
Registrar's No. **624**

Registration District No. **318**

Primary Registration District No. **2001**

1. PLACE OF DEATH:
(a) County **GREENE**
(b) City or town **Springfield**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
1108 E. Scott
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **not hospitaliz**
(Specify whether
In this community **since birth**
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State **Missouri** (b) County **Greene**
(c) City or town **Springfield**
(If outside city or town limits, write "RURAL")
(d) Street No. **1108 E. Scott St.**
(If rural, give location)
(e) If foreign born, how long in U. S. A.? **XXXX** years.

3. (a) PRINT FULL NAME **Joyce Lavern Nickum 250**
3. (b) If veteran, name war **XXXX**
3. (c) Social Security No. **none**

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month **26th** day **July**
year **1940** hour **5 pm** minute _____ M. _____

4. Sex **female**
5. Color or race **White**
6. (a) Single, widowed, married, divorced **infant**
6. (b) Name of husband or wife **XXXX**
6. (c) Age of husband or wife if alive **XXXX** years
7. Birth date of deceased **July 22 1940**
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from _____ 19____ to _____ 19____;
that I last saw her **or dead** **alive** on **July 27**, 19**40**,
and that death occurred on the date and hour stated above.

8. AGE: Years Months Days If less than one day
 no **no** **4** **X** hr. **X** min.

Immediate cause of death:
Prematurity 8 months
Malnutrition
Due to _____
Due to _____ **5A**

9. Birthplace **Springfield Missouri**
(City, town, or county) (State or foreign country)

Other conditions:
(Include pregnancy within 3 months of death)
PHYSICIAN

10. Usual occupation **infant**
11. Industry or business **XXXX**

MOTHER FATHER
12. Name **George Nickum**
18. Birthplace **Unknown Kansas**
(City, town, or county) (State or foreign country)
14. Maiden name **Bianche Howard**
15. Birthplace **Unknown Ark.**
(City, town, or county) (State or foreign country)

Major findings:
Of operations _____
Of autopsy _____
Underline the cause to which death should be charged statistically.

16. (a) Informant **George Nickum**
(b) Address **1108 E. Scott St., Springfield**
17. (a) Burial **7/27/40**
(Burial, cremation, or removal) (b) Date thereof (Month) (Day) (Year)
(c) Place: burial or cremation **Hazelwood Cemetery**

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? _____

18. (a) Signature of funeral director **H. D. Solmeyer**
(b) Address **Springfield, Missouri**
19. (a) July 27, 1940 - W. E. Handley
(Date received at local registrar) (Registrar's signature)

23. Signature **A. M. White** (M. D. or other) **5**
Address **Carvers, Greene County** Date signed **7/27/40**

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

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was ^{NOT} embalmed by me, or by.....
Not Embalmed....., Registered Apprentice No.....
working under my personal supervision.

Signed.....

Licensed Embalmer No. 2434

P. O. Address Springfield, 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.