

Registration District No. 23 Primary Registration District No. 5214

Registrar's No. _____

1. PLACE OF DEATH: Crawford Mo
(a) County _____
(b) City or town near Steelville, Mo
(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 2
In this community all of her life (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo (b) County Crawford
(c) City or town Steelville (If outside city or town limits, write "RURAL")
(d) Street No. _____ (If rural, give location)
(e) If foreign born, how long in U. S. A.? _____ years.

3. (a) PRINT FULL NAME Dorcy Marie Nicols
(b) If veteran, name war _____ (c) Social Security No. _____

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month 9 day 18 year 1940 hour 11 a minute _____ M.

4. Sex F 5. Color or race W 6. (a) Single, widowed, married, divorced single
6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years (Day) (Year)

21. I hereby certify that I attended the deceased from 9-10 to 9-14 1940 that I last saw her alive on 9-14 and that death occurred on the date and hour stated above.

Immediate cause of death SCURF
Duration 10 days

8. AGE: Years _____ Months 8 Days 12 If less than one day _____ hr. _____ min.

Due to _____
Due to _____

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

Other conditions _____ (Include pregnancy within 3 months of death)

10. Usual occupation _____

Major findings: _____

11. Industry or business _____

Of operations _____

12. Name Thom Nicols

Of autopsy _____

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

14. Maiden name Geneva Atkinson

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

16. (a) Informant Thom Nicols

(b) Address Steelville Mo

17. (a) _____ (b) Date thereof _____ (Month) (Day) (Year)

(c) Place: burial or cremation Steelville Mo 9-19-1940

18. (a) Signature of funeral director J. Adams

(b) Address Steelville Mo

19. (a) 10-8-40 (b) _____ (Registrar's signature)

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? 207

While at work? _____ (Specify type of place)

(e) Means of injury _____

23. Signature J. B. Pappas (M. D. or other) _____

Address Steelville Mo Date signed 9-18-40

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

MOTHER FATHER

RECEIVED

District Health Officer No. 5,

District File Number 10401023

Date Filed _____

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 *[Signature]*
Licensed Embalmer No. 2379
P. O. Address Steville W

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.