

No. 2
-11-10-39
5-1-1940
D1

DEC 16 1940

State File No. _____

Registration District No. 1

Primary Registration District No. 1

Registrar's No. 266

1. PLACE OF DEATH:

(a) County Adair
(b) City or town Hicksville
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Levin-Smith Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 5 days (Specify whether
In this community 5 days years, months or days) _____

3. (a) PRINT FULL NAME John P. Nickell ^{Perry}

3. (b) If veteran, name war _____ 3. (c) Social Security No. ✓

4. Sex Male 5. Color or race W 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Effie Lee Nickell 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased Aug. 7, 1867
(Month) (Day) (Year)

8. AGE: Years 73 Months 3 Days 11 If less than one day hr. _____ min. _____

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

10. Usual occupation Farmer

11. Industry or business Farm

MOTHER FATHER { 12. Name Doniel Nickell
13. Birthplace Ky.
(City, town, or county) (State or foreign country)
14. Maiden name Sarah A. Nickell
15. Birthplace Ky.
(City, town, or county) (State or foreign country)

16. (a) Informant C. E. Nickell
(b) Address Dearborn, Mich.

17. (a) Burial (b) Date thereof Nov 18 1940
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Jenkins Cem.

18. (a) Signature of funeral director A. J. Reiver
(b) Address Browning, Mo

19. (a) Nov. 18/40 (b) Spencer P. Freeman
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Linn
(c) City or town Browning, Mo
(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.? 0 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov day 18
year 1940 hour 10 minute 52 A. M.

21. I hereby certify that I attended the deceased from Nov. 13 1940 to Nov. 18 1940
that I last saw him alive on Nov. 18 1940
and that death occurred on the date and hour stated above.

Immediate cause of death
Branchial pneumonia 2 days
Myocardial failure 2 mo.
Due to Chronic passive congestion
Due to Chronic myocarditis (degenerative) year
Chronic nephritis years
Other conditions _____
(Include pregnancy within 3 months of death)

PHYSICIAN
Major findings: _____
Of operations 131
Of autopsy _____
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?
While at work? _____ (Specify type of place) (e) Means of injury _____

23. Signature [Signature] (M. D. or other) MD
Address Hicksville, Mo. Date signed 11-18-40

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

RECEIVED

District Health Officer No. 10

District File Number 12-40-2330

Date Filed DEC 14 1940

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

A. J. Brown

Registered Apprentice No. 1407

working under my personal supervision.

Signed

A. J. Brown

Licensed Embalmer No. 1407

P. O. Address Browning 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.