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REGISTRATION DISTRICT NO. 780

Primary Registration District No. 6025

Registrar's No. 57

1. PLACE OF DEATH:

(a) County St. Genevieve  
(b) City or town St. Genevieve 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 County Home  
In this community Life years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Genevieve  
(c) City or town St. Genevieve Rural  
(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 SHEPARD NICKING

3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_

4. Sex Male 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 (Day) (Year)

7. Birth date of deceased July 10 1858  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
82 3 28 hr. min.

9. Birthplace St. Genevieve Co Missouri  
(City, town, or county) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business \_\_\_\_\_

12. Name Peter Nicking

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

14. Maiden name Roelian Nicking

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

16. (a) Informant County Farm Records

(b) Address St. Genevieve Co, Mo

17. (a) Burial (b) Date thereof Nov 9 40  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St. Genevieve Mo

18. (a) Signature of funeral director L. C. Bepler

(b) Address St. Genevieve Mo

19. (a) Nov 9/40 (b) T. W. Douglas  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov day 8  
year 1940 hour 7 minute 30 P M.

21. I hereby certify that I attended the deceased from Nov 1, 1940 to Nov 8, 1940  
that I last saw him alive on Nov 7, 1940  
and that death occurred on the date and hour stated above.

Immediate cause of death Hypostatic Pneumonia 2 days

Due to Arteriosclerotic Hypertension

Due to Chronic Sclerosis of the Heart

Other conditions Hypertrophy of Prostate  
(Include pregnancy within 3 months of death)

Major findings: Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

Duration  
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 T. W. Douglas (M. D. or other) MD

Address St. Genevieve Mo Date signed 11-8-40

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

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.....

*Lee C. Basher* ..... Registered Apprentice No. ....  
working under my personal supervision.

Signed *Lee C. Basher* .....

Licensed Embalmer No. *1985* .....

P. O. Address *St. Genevieve Mo* .....

**Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to complete the above constitutes grounds for revocation of license.)**

**If this body is not embalmed, fact should be so stated above.**