

FEB 17 1941

No. 2  
1-10-39  
17-39  
X21492

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

2404

State File No. \_\_\_\_\_

Registration District No. 203

Primary Registration District No. 333

Registrar's No. 3

**1. PLACE OF DEATH:**  
 (a) County Daviess  
 (b) City or town "Rural" Jackson Township  
(If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution:  
5 1/2 Miles S.W./Jamesport, Mo.  
(If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution \_\_\_\_\_  
(Specify whether)  
 In this community Life  
years, months or days

**3. (a) PRINT FULL NAME** Sandra Lynn Nickell  
**8. (b) If veteran, name war** None **3. (c) Social Security No.** None

**4. Sex** Female **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  
**7. Birth date of deceased** January 17 1941  
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
				<u>12 hr. 45 min.</u>

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

**10. Usual occupation** None

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

**MOTHER** { **12. Name** Raymond Lane Nickell  
**FATHER** { **13. Birthplace** Daviess County Missouri  
(City, town, or county) (State or foreign country)  
**14. Maiden name** Martha A. Burge  
**16. Birthplace** Daviess County Missouri  
(City, town, or county) (State or foreign country)

**16. (a) Informant** Mr. Raymond Nickell  
**(b) Address** Jamesport, Mo.

**17. (a) Burial** **(b) Date thereof** 1-19-41  
(Burial, cremation, or removal) (Month) (Day) (Year)

**(c) Place: burial or cremation** Jamesport, Mo.

**18. (a) Signature of funeral director** \_\_\_\_\_

**(b) Address** Gallatin, Missouri 230

**19. (a) Jan 21 1941** **(b) D. F. Munnick III**  
(Date received local registrar) (Registrar's signature)

**2. USUAL RESIDENCE OF DECEASED:**  
 (a) State Missouri (b) County Daviess **31**  
 (c) City or town "Rural" Jackson Township **4**  
(If outside city or town limits, write "RURAL")  
 (d) Street No. 5 1/2 Miles S.W. Jamesport **1**  
(If rural, give location)  
 (e) If foreign born, how long in U. S. A. \_\_\_\_\_ years.

MEDICAL CERTIFICATION

**20. DATE OF DEATH:** Month January day 18  
 year 1941 hour 9 minute 15 A. M.

**21. I hereby certify that I attended the deceased from** Jan. 17, 1941, to Jan 17, 1941,  
 that I last saw her alive on Jan 17, 1941,  
 and that death occurred on the date and hour stated above.

Immediate cause of death Asphyxia neonatorum (pallida) **Duration since birth**

Due to Breech Presentation

Due to \_\_\_\_\_

Other conditions 16 1/2 W  
(Include pregnancy within 3 months of death)

**Major findings:** \_\_\_\_\_  
 Of operations \_\_\_\_\_  
 Of autopsy \_\_\_\_\_

PHYSICIAN  
 \_\_\_\_\_  
 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)** \_\_\_\_\_  
 Address Gallatin, Mo Date signed 1/18/41

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 embalmed by me, or by.....

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

Signed L. O. Richardson

Licensed Embalmer No. 3302

P. O. Address Fall River, 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.**