

No. 2
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

1941 MAY 12 10:41

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 15967

Registration District No. 798

Primary Registration District No. 6042

Registrar's No.

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

1. PLACE OF DEATH: Saline
 (a) County Saline
 (b) City or town Nelson
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
Residence
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution _____
 In this community 41 yrs.
 (Specify whether years, months or days)

3. (a) PRINT FULL NAME Willis Elmer Niceley

3. (b) If veteran, name war World War (navy) (c) Social Security No. _____

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

6. (b) Name of husband or wife Pearl Howard Niceley 6. (c) Age of husband or wife if alive 45 years

7. Birth date of deceased May 3, 1887
(Month) (Day) (Year)

8. AGE: Years	Months	Days	If less than one day
<u>54</u>	<u>0</u>	<u>3</u>	hr. min.

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

10. Usual occupation Groceryman

11. Industry or business General merchandise store

12. Name William Franklin Niceley

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

14. Maiden name Elizabeth Ann Moore

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

16. (a) Informant Mrs. Pearl Niceley

(b) Address Nelson, Mo.

17. (a) Burial (b) Date thereof May 11 '41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Napton, Mo.

18. (a) Signature of funeral director W. H. ...
(b) Address ...

19. (a) May 10, 1941 (b) W. H. ...
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED: 97
 (a) State Missouri (b) County Saline
 (c) City or town Nelson
 (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 May day 9
year 1941 hour 10 minute P.M.

21. I hereby certify that I attended the deceased from May 6, 1941 to May 9, 1941
that I last saw him alive on May 9, 1941
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Haemorrhage
Duration 3 days

Due to _____
Due to _____

Other conditions (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 R. W. Stauffer (M. D. or other) 0
Address Nelson, Mo. Date signed 5/9/41

JAN 28 1942

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.....

Licensed Embalmer No. *2235*

P. O. Address..... *Marshall, Md.*

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.