FILED JUN 21 1941

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 17682

Registration District No. 252 Primary Registration District No. 5351 Registrar's No. 70

1. PLACE OF DEATH:

(a) County: Davies

(b) City or town: Jamesport

(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 (Specify whether years, months or days)

In this community: 73 Years

2. USUAL RESIDENCE OF DECEASED:

(a) State: Mo. (b) County: Davies

(c) City or town: 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: Minnie A. Nickell

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex: Female

5. Color or race: White

6. (a) Single, widowed, married, divorced: Married

6. (b) Name of husband or wife: O. R. Nickell

6. (c) Age of husband or wife if alive: 71 years

7. Birth date of deceased: Nov. (Month) 12 (Day) 1867 (Year)

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

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

10. Usual occupation: House Wife

11. Industry or business:

FATHER 12. Name: James Gay

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

MOTHER 14. Maiden name: Annie F. Gillian

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

16. (a) Informant's own signature: O. R. Nickell

(b) Address: Jamesport, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: May 27-41 (Month) (Day) (Year)

(c) Place: burial or cremation: Piolet Grove No. 2

18. (a) Signature of funeral director: Martin Funeral Home

(b) Address: Gallatin, Mo.

19. (a) May 27-41 (Date received local registrar) (b) Neece Wiles (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month: May day: 25th year: 1941 hour: 10 minute: P. M.

21. I hereby certify that I attended the deceased from May 1st, 1941, to May 25th, 1941, that I last saw her alive on May 23rd, 1941, and that death occurred on the date and hour stated above.

Immediate cause of death: Cerebral Hemorrhage — Duration: 2 weeks

Due to: Arteriosclerosis — 22

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? (Specify type of place)

While at work? (e) Means of injury

23. Signature: Oliver F. Duffy (M. D. or other) M.D.

Address: Trenton, Mo. Date signed: May 26-1941

(Licensed Embalmer's Statement on Reverse Side)

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

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 N. Ivan Martin

Licensed Embalmer No. 3760

P. O. Address Princeton Mass.

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

If this body is not embalmed, above space should be left blank.