S. No. 338

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
JAN 13 1942

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 41839

Registration District No. 324 Primary Registration District No. 6-4-59 Registrar's No. 7

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

1. PLACE OF DEATH:
(a) County Harrison Adams Twp
(b) City or town Bethany 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 ✓ (Specify whether years, months or days)
In this community all his life

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo. (b) County Harrison
(c) City or town Bethany Rural
(If outside city or town limits, write "RURAL")
(d) Street No. Adams Twp - Rural
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Everet Reynolds Nickerson
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 Married
6. (b) Name of husband or wife Grace Kathlyn Nickerson
6. (c) Age of husband or wife if alive 26 years
7. Birth date of deceased 7 (Month) - 23 (Day) - 1910 (Year)

8. AGE: Years	Months	Days	If less than one day
31	3	1	hr. min.

9. Birthplace Harrison Co (City, town, or county) Mo. (State or foreign country)
10. Usual occupation Farmer
11. Industry or business
FATHER 12. Name James Nickerson
13. Birthplace Gardenville (City, town, or county) Kans (State or foreign country)
MOTHER 14. Maiden name Anna L Guard
15. Birthplace Harrison Co. (City, town, or county) Mo. (State or foreign country)
16. (a) Informant Grace Kathlyn Nickerson
(b) Address Bethany Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 10-26-41 (Month) (Day) (Year)
(c) Place: burial or ~~cremation~~ Union Ridge
18. (a) Signature of funeral director S. M. Kear
(b) Address Bethany Mo.
19. (a) 1-7-1942 (Date received local registrar) (b) Robert Burrell (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct. day 24 year 1941 hour 4 minute P.M.
21. I hereby certify that I attended the deceased from June 1 1941 to Oct 23 1941; that I last saw him alive on Oct 23 1941 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Interstitial Nephritis	about 12 Months
Due to Arteriosclerosis	
Due to Kidney	
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 J N Zgrabe (M. D. or other) Address Jamesport Date signed 11-15-41

363 (Licensed Embalmer's Statement on Reverse Side)

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. 3899

P. O. Address Bethany 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, fact should be so stated above.

. S. No. 2B
OM—8-21-41
I X29288

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 41 839

Registration District No. 388 Primary Registration District No. 5479 Registrar's No.

1. PLACE OF DEATH:
(a) County Harrison
(b) City or town 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 (Specify whether years, months or days)
In this community

2. USUAL RESIDENCE OF DECEASED:
(a) State (b) County
(c) City or town (If outside city or town limits, write "RURAL")
(d) Street No. (If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Everet R. Nickerson
3. (b) If veteran, name war
3. (c) Social Security No.
4. Sex M
5. Color or race W
6. (a) Single, widowed, married, divorced M
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Birth date of deceased July (Month) 23 (Day) 1910 (Year)
8. AGE: Years 31 Months 3 Days If less than one day hr. min.
9. Birthplace (City, town, or county) (State or foreign country)
10. Usual occupation
11. Industry or business
MOTHER FATHER
12. Name
13. Birthplace (City, town, or county) (State or foreign country)
14. Maiden name
15. Birthplace (City, town, or county) (State or foreign country)
16. (a) Informant
(b) Address
17. (a) (Burial, cremation, or removal) (b) Date thereof (Month) (Day) (Year)
(c) Place: burial or cremation
18. (a) Signature of funeral director
(b) Address
19. (a) 1-31-42 (Date received local registrar) (b) Zola M. Burris (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 24 year 1941 hour minute M.
21. I hereby certify that I attended the deceased from 19 to 19;
that I last saw h alive on 19;
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death	
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? (Specify type of place)
While at work? (e) Means of injury
23. Signature (M. D. or other)
Address Date signed

SUPPLEMENTARY