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DEPARTMENT OF COMMERCE

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

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

BUREAU OF THE CENSUS  
FILED JAN 21 1942

Registration District No. 548

Primary Registration District No. 5743

Registrar's No. 1

1. PLACE OF DEATH:

(a) County Marion

(b) City or town Maywood R.F.D. 1  
(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)

In this community 61 yrs 1 (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Marion 064

(c) City or town Maywood R.F.D. 1 0  
(If outside city or town limits, write "RURAL")

(d) Street No. Emerson 0  
(If rural, give location)

(e) If foreign born, how long in U. S. A.? \_\_\_\_\_ years.

3. (a) PRINT FULL NAME Charley Albert Nickman

3. (b) If veteran, name war \_\_\_\_\_

3. (c) Social Security No. \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 9th  
year 1942 hour 11 minute 00 P.M.

21. I hereby certify that I attended the deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_;

4. Sex Male 5. Color or race W

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

6. (b) Name of husband or wife Lura Nickman

6. (c) Age of husband or wife if alive 60 years

7. Birth date of deceased Aug 4 1874  
(Month) (Day) (Year)

that I last saw him alive on \_\_\_\_\_, 19\_\_\_\_; and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Thrombosis

| 8. AGE: | Years     | Months   | Days     | If less than one day |
|---------|-----------|----------|----------|----------------------|
|         | <u>67</u> | <u>5</u> | <u>5</u> | hr. _____ min. _____ |

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

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

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

10. Usual occupation Farmer

Other conditions Sanity  
(Include pregnancy within 3 months of death)

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

12. Name Samuel Nickman

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

14. Maiden name Elysa Madsen

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

Major findings: 94a

Of operations \_\_\_\_\_

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

PHYSICIAN \_\_\_\_\_

Underline the cause to which death should be charged statistically.

16. (a) Informant Mrs Lura E. Nickman

(b) Address Maywood, Mo. R.F. #1

17. (a) Emerson (b) Date thereof Jan 11 1942  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Emerson

18. (a) Signature of funeral director A.H. Chambers

(b) Address Maywood, Mo.

19. (a) Jan 10-42 (b) Mrs Margaret Mello  
(Date received local registrar) (Registrar's signature)

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) \_\_\_\_\_

(b) Date of occurrence 1-9-42

(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 Crawford Smith (M.D. or other) Coroner

Address Nannibal Mo. Date signed 1-9-42

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

64  
6  
0

OCT 13 1943

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

Signed A. H. Chambers

Licensed Embalmer No. 3766

P. O. Address Maywood (Ind)

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.

