DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED JAN 11 1943

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 41657

Registration District No. 290 Primary Registration District No. 5984 Registrar's No. 3

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

85
0
0

1. PLACE OF DEATH:

(a) County Pulaski

(b) City or town Hazlegreen (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Tuo Rural 1 (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether

In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County Pulaski 85

(c) City or town — (If outside city or town limits write "RURAL") 0

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

(e) If foreign born, how long in U. S. A.? 0 years.

3. (a) PRINT FULL NAME SARAH ELIZEBETH NICKELS

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex F 1

5. Color or race W

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

6. (b) Name of husband or wife James Nickels

6. (c) Age of husband or wife if alive 76 years

7. Birth date of deceased Aug (Month) 71 (Day) 1868 (Year)

8. AGE: Years 74 Months 3 Days 14 If less than one day hr. min.

9. Birthplace Laguey (City, town, or county) MOO (State or foreign country)

10. Usual occupation Housewife

11. Industry or business

FATHER
12. Name Columbus Parsons
13. Birthplace Stoddard Co MOO (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name McMillen
15. Birthplace unknown unknown (City, town, or county) (State or foreign country)

16. (a) Informant James Nickels

(b) Address Richland Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 11-24-42 (Month) (Day) (Year)

(c) Place: burial or cremation Idunna Cemetery

18. (a) Signature of funeral director R B Tieper

(b) Address Richland Mo

19. (a) Jan 4-1943 (Date received local registrar) (b) Chas McDodd (Registrar's signature)

11 10

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov day 21 year 1942 hour 1:30 minute a M.

21. I hereby certify that I attended the deceased from 5-10-42, 19 , to 11-21, 1942 that I last saw her alive on 9-25, 1942 and that death occurred on the date and hour stated above.

Immediate cause of death Pulmonary Hemorrage

Due to Tuberculosis

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations —

Of autopsy —

13 f

Duration

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 — 0

23. Signature R B Howlett (M. D. or other)

Address Richland Date signed 12-1-42

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
Pulaski County Health Officer
File Number 1-43-3
Date Filed 1-9-43

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 R B Reeper

Licensed Embalmer No. 3198

P. O. Address Rockland

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.