

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUSMISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

2808

State File No. ....

FEB 3 1943

Registration District No. 203Primary Registration District No. 3735

Registrar's No. ....

## 1. PLACE OF DEATH

(a) County Macon  
(b) City or town Rural Jackson  
(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 \_\_\_\_\_  
years, months or days)3. (a) PRINT FULL NAME Nora S. Nickell

3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_

4. Sex Female 5. Color or race W 6. (a) Single, widowed, married, divorced Married6. (b) Name of husband or wife Dr. Nickell 6. (c) Age of husband or wife if alive 75 years7. Birth date of deceased July 8 (Month) (Day) (Year) 18718. AGE: Years 71 Months 5 Days 16 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.9. Birthplace Macon Co. Mo. (City, town, or county) (State or foreign country)10. Usual occupation House wife

11. Industry or business

12. Name Hiram Langhery  
13. Birthplace Penn. (City, town, or county) (State or foreign country)14. Maiden name Mary E. George  
15. Birthplace Ill (City, town, or county) (State or foreign country)16. (a) Informant Dr. Nickell(b) Address Atlanta, Mo. R117. (a) Burial (Burial, cremation, or removal) (b) Date thereof 12-29-42 (Month) (Day) (Year)(c) Place: burial or cremation Mt. Labor18. (a) Signature of funeral director Stephens & Gooding(b) Address Macon, Mo.19. (a) Jan 8 (Date received local registrar) (b) Mrs. A. L. Camlx (Registrar's signature)

## 2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Macon  
(c) City or town Rural (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 \_\_\_\_\_

## MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 12 day 26  
year 1942 hour 6 minute 15 P. M.21. I hereby certify that I attended the deceased from Dec-23-  
1942 to Dec-26 1942;  
that I last saw him alive on Dec-26 1942  
and that death occurred on the date and hour stated above.Immediate cause of death Coronary Thrombosis Duration One weekDue to Arterio-sclerosis

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

Other conditions Diabetes Mellitus  
(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 A. L. Camlx (M. D. or other) \_\_\_\_\_  
Address Atlanta, Mo. Date signed 1/5/43

1033

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED

District Health Officer No. 10

District File Number 2-43-175

Date Filed JAN 28 1941

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 O. L. Stephens

Licensed Embalmer No. 3057

P. O. Address Macon, 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.