

FILED MAY 7 1943

Registration District No.

Primary Registration District No. 3018

1. PLACE OF DEATH:

(a) County Dent
(b) City or town Salem
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: X
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution X
In this community most of his life (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Dent
(c) City or town Salem
(If outside city or town limits, write "RURAL")
(d) Street No. (If rural, give location)
(e) Citizen of foreign country? X (Yes or No)
If yes, name country X

3. (a) PRINT FULL NAME

George W. Nickles

3. (b) If veteran, name war X

3. (c) Social Security No. 486-18-1132

4. Sex male 5. Color or race W
6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife May Nickles
6. (c) Age of husband or wife if alive 33 years
7. Birth date of deceased July 17 1882
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	60	9	13hr.min.

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

10. Usual occupation laborer

11. Industry or business X

12. Name J. R. Nickles
13. Birthplace Tenn
(City, town, or county) (State or foreign country)
14. Maiden name Nancy Hollerman
15. Birthplace Tenn
(City, town, or county) (State or foreign country)

16. (a) Informant May Nickles

(b) Address Salem Mo

17. (a) burial (Burial, cremation, or removal) (b) Date thereof May 2 1943
(Month) (Day) (Year)

(c) Place: burial or cremation Mt. Herman Cem

18. (a) Signature of funeral director Carl H. ...

(b) Address Salem Mo

19. (a) 4-30-43 (Date received local registrar) (b) J. ... (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 30
year 1943 hour 1 minute 45 P. M.

21. I hereby certify that I attended the deceased from 3-23 1943 to 4-30 1943
that I last saw him alive on 4-20 1943
and that death occurred on the date and hour stated above.

Immediate cause of death Pulmonary tuberculosis 3 yrs.
Duration

Due to

Due to

Other conditions (Include pregnancy within 3 months of death) 12/1

Major findings: Of operations

Of autopsy

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 D. K. ... (M. D. or other) 200
Address Salem, Mo Date signed 5-1-43

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

MOTHER FATHER

PHYSICIAN

Underline the cause to which death should be charged statistically.

RECEIVED

District Health Officer No. 5,

District File Number. 543295-

Date Filed 5-5-42

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

Carl W. Janner

Licensed Embalmer No.

9370

P. O. Address

Salisbury Me.

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.