

S. No. 2
DM-542
5-17-39
X32873

HARRILL

14665

DEPARTMENT OF COMMERCE
BUREAU OF THE COMMERCE

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. _____

Registration District No. 170

Primary Registration District No. 3033

Registrar's No. _____

1. PLACE OF DEATH:

(a) County Laclede

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

(c) Name of hospital or institution:
Wallace Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 3 weeks (Specify whether years, months or days)

In this community Always

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Laclede

(c) City or town Rural
(If outside city or town limits, write "RURAL")

(d) Street No. Brownfield
(If rural, give location)

(e) Citizen of foreign country? no (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Mary Jane Nicks

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

4. Sex F

5. Color or race W

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

6. (b) Name of husband or wife William B. Nicks

6. (c) Age of husband or wife if alive 73 years

7. Birth date of deceased unknown
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<u>65</u>			hr. _____ min.

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

10. Usual occupation Housewife

11. Industry or business _____

12. Name Robert Woody

13. Birthplace unknown 9
(City, town, or county) (State or foreign country)

14. Maiden name Sally Ann Cook 9

15. Birthplace unknown 9
(City, town, or county) (State or foreign country)

16. (a) Informant W. B. Nicks

(b) Address Brownfield Mo.

17. (a) Burial (b) Date thereof 4-17-43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Hazelgreen Cemetery

18. (a) Signature of funeral director Paemens

(b) Address Lebanon Missouri

19. (a) 4-23-43 (b) Grace Poppe
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 16
year 1943 hour 2 minute 45 A.M.

21. I hereby certify that I attended the deceased from 2-12, 1943, to 4-16, 1943;
that I last saw her alive on 4-16-43, 1943;
and that death occurred on the date and hour stated above.

Immediate cause of death Ulcer of Stomach

Due to _____

Due to _____

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

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 B. E. Harell (M. D. or other) MD

Address Lebanon Mo. Date signed 4-16-43

Duration _____

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

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

Received .. MAY .. 1943 ..
Laclede County Health Unit
File No. ... 4-42-61 ..
Date Filed.. MAY 11 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.....
....., Registered Apprentice No.....
working under my personal supervision.

Signed..... *Allyn Dethrope* ..
Licensed Embalmer No..... 4333 ..
P. O. Address..... *Lebanon 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.