

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUL 9 1948

Registration District No. 282

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

DELAYED

Primary Registration District No. 5969

State File No. 25808-A

Registrar's No. 67

1. PLACE OF DEATH:

(a) County Polk (Campbell Township)
 (b) City or town Sumner Rural
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
2 miles N.E. of Sumner
 (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) 60 years.

3. (a) PRINT
FULL NAME

(b) If veteran,
name war _____

3. (c) Social Security
No. none

5. Color or
White

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

6. (b) Name of husband or wife
William Perry Nickels

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

7. Birth date of deceased
Dec. 25, 1855

(Month)

(Day)

(Year)

8. AGE:

Years

Months

Days

If less than one day

8774

min.

9. Birthplace

(City, town, or county)

(State or foreign country)

10. Usual occupation

11. Industry or business

12. Name

13. Birthplace

(City, town, or county)

(State or foreign country)

14. Maiden name

15. Birthplace

(City, town, or county)

(State or foreign country)

16. (a) Informant

(b) Address

17. (a) Burial

(Burial, cremation, or removal)

(b) Date thereof

(Month) (Day) (Year)

(c) Place: burial or cremation

18. (a) Signature of funeral director

(b) Address

19. (a) Date received

(Date received local registrar)

July 2, 1948Ralph Garden

(Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Polk
 (c) City or town Sumner Rural
 (If outside city or town limits, write "RURAL")
 (d) Street No. 2 miles N.E. of Sumner
 (If rural, give location)
 (e) Citizen of foreign country? no (Yes or No)
 If yes, name country none

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July, day 29,
year 1948 hour 6 minute 0 M.

21. I hereby certify that I attended the deceased from June
16th 1948 to July 11th 1948:
that I last saw her alive on July 11th 1948:
and that death occurred on the date and hour stated above.

Immediate cause of death

Diabetic gangrene of
Foot
Due to Diabetic mellitus

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

Duration

Wks.
hrs

PHYSICIAN

Underline
the cause to
which death
should be
charged sta-
tistically.

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

Address

(M. D. or other)

Date signed

JUL 28 1948

RECEIVED

District Health Officer No. 7

District File Number 6-48-966

Date Filed 7-8-48

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. J. Jester*

Licensed Embalmer No. 4154

P. O. Address Bolivar, 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.