

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **28899**

FILED AUG 26 1943

Registration District No. **245**

Primary Registration District No. **3047**

Registrar's No. **75**

1. PLACE OF DEATH:

(a) County **NEWTON**

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

(c) Name of hospital or institution:
SALE-BOWMAN HOSPITAL
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution **1**
(Specify whether years, months or days)

In this community **1**
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State **MISSOURI** (b) County **NEWTON**

(c) City or town **NEOSHO**
(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 _____

3. (a) PRINT FULL NAME **UN-NAMED (Nickles)**

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **August** day **6**
year **1943** hour **11** minute **4** M.

4. Sex **MALE** 5. Color or race **White**

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

6. (b) Name of husband or wife _____

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

7. Birth date of deceased **August 6 1943**
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from **August 6 1943** to **August 6 1943**; that I last saw him alive on **August 6 1943**; and that death occurred on the date and hour stated above.

8. AGE: Years _____ Months **1** Days _____ If less than one day _____ hr. _____ min.

Immediate cause of death **Premature**

Due to **Prematurity**

Due to **UNKNOWN**

9. Birthplace **NEOSHO MISSOURI**
(City, town, or county) (State or foreign country)

Other conditions **NONE**
(Include pregnancy within 3 months of death)

10. Usual occupation **INFANT**

11. Industry or business _____

MOTHER FATHER } 12. Name **Victor Nickles**

13. Birthplace **OMAHA Nebraska**
(City, town, or county) (State or foreign country)

14. Maiden name **Gertrudine JONES**

15. Birthplace **S. Dakota**
(City, town, or county) (State or foreign country)

Major findings: **159**

Of operations _____

Of autopsy _____

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

16. (a) Informant **Victor Nickles**

(b) Address **CAMP CROWDER, MO**

17. (a) **BURIAL** (b) Date thereof **8-7-43**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **IOOF Cemetery LeBansham**

18. (a) Signature of funeral director **LeBansham**

(b) Address **Neosho MO**

19. (a) **8-18-1943** (b) **Carey Thompson**
(Date received local registrar) (Registrar's signature)

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 **Alton P. Bowman** (M. D. or other) **MD**

Address **Neosho, MO** Date signed **Aug 17-43**

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

1110

8-23-43
8-23-1943
8-24-43
Date filed
District Pile Room
District Health Officer
RECEIVED

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.....

Net Embalmer

....., Registered Apprentice No.....

working under my personal supervision.

[Signature]

Signed.....

Licensed Embalmer No.....

P. O. Address.....

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.