DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

FILED MAR 13 1946

State File No. 4604-A

Registration District No. 326 Primary Registration District No. 6103 Registrar's No. 4

1. PLACE OF DEATH:

(a) County Scotland

(b) City or town Arbela (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 years, months or days) In this community Entire Life

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Scotland

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

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

(e) Citizen of foreign country? No (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME Minnie Nickels

3. (b) If veteran, name war ✓

3. (c) Social Security No. ✓

4. Sex Female

5. Color or race White

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

6. (b) Name of husband or wife John Nickels

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

7. Birth date of deceased April (Month) 23 (Day) 1868 (Year)

8. AGE: Years 75 Months 9 Days If less than one day hr. min.

9. Birthplace Burlington (City, town, or county) Iowa (State or foreign country)

10. Usual occupation House wife

11. Industry or business

FATHER
12. Name George Baker
13. Birthplace (City, town, or county) Iowa (State or foreign country)

MOTHER
14. Maiden name Katherine Miller
15. Birthplace (City, town, or county) Germany (State or foreign country)

16. (a) Informant Mrs Otto Mohr

(b) Address Memphis Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan (Month) 25 (Day) 1944 (Year)

(c) Place: burial or cremation Gorin Cemetery

18. (a) Signature of funeral director Erth & Baskett

(b) Address Memphis Mo

19. (a) Feb. 2-1946 (Date received local registrar) (b) Wm. E. E. Parrish (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 23 year 1944 hour minute M.

21. I hereby certify that I attended the deceased from Sept 15, 1943, to 10/6, 1943; that I last saw ~~him~~ alive on Sept 15, 19 ; and that death occurred on the date and hour stated above.

Immediate cause of death Mitral assiffiency with Chronic Neuritis and arthritis

Due to

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations

Of autopsy

Duration

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? (Specify type of place)

While at work? (e) Means of injury

23. Signature [illegible] Baker (M. D. or other)

Address Memphis Mo Date signed 4/19/44

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT

RECEIVED
District Health Officer No. 1
District File Number 3-46-413
Date Filed MAR 11 1946

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 Fred Eth

Licensed Embalmer No. 4256

P. O. Address Memphis M

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply w the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.