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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUN 9 1944

Registration District No. 153

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 5489

18134

State File No.

Registrar's No. 53

1. PLACE OF DEATH:

(a) County Harrison

(b) City or town Milbourne Mo. Rural
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Welt Ave

(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether

In this community 82 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Harrison

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

(d) Street No. 0
(If rural, give location)

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

If yes, name country 0

3. (a) PRINT FULL NAME MINERVA JANE NICHELSON

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 Widowed

6. (b) Name of husband or wife Deceased

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

7. Birth date of deceased July (Month) 26 (Day) 1853 (Year)

8. AGE:

Years	Months	Days	If less than one day
90	7	24	hr. min.

9. Birthplace Evansville Ind (City, town, or county) Rural (State or foreign country)

10. Usual occupation House Keeper

11. Industry or business Farmer

FATHER
12. Name John M. Jolly
13. Birthplace Evansville Ind (City, town, or county) Rural (State or foreign country)

MOTHER
14. Maiden name Sarah Ann West
15. Birthplace Evansville Ind (City, town, or county) Rural (State or foreign country)

16. (a) Informant Mrs Fannie Payne
(b) Address Gilman City Mo Rural

17. (a) Rural (Burial, cremation, or removal) (b) Date thereof March 15 1944 (Month) (Day) (Year)

(c) Place: burial or cremation Mitchel Cemetery

18. (a) Signature of funeral director W D Haines
(b) Address Gilman City Mo.

19. (a) May 6, 1944 (Date received local registrar) (b) Zola M. Burris (Registrar's signature)

MEDICAL CERTIFICATION

20. **DATE OF DEATH:** Month March day 13
year 1944 hour 4 minute 8 P M.

21. I hereby certify that I attended the deceased from Feb 1944 to Mar 19 1944
that I last saw her alive on March 13 1944
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Acute Decompensation of Heart	1 hrs
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy	

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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 W. L. Warren (M. D. ~~or other~~)

Address Gilman City Mo Date signed 4-5-44

(Licensed Embalmer's Statement on Reverse Side)

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 W D Haines, Registered Apprentice No. ..... working under my personal supervision.

Signed W D Haines

Licensed Embalmer No. 542

P. O. Address Gilman City

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

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