

FILED JAN 22 1945

Registration District No. 17

Primary Registration District No. 5039

Registrar's No. 89

1. PLACE OF DEATH:

(a) County Barry
(b) City or town Butterfield *rural*
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Butterfield
(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

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Barry
(c) City or town Butterfield
(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

Bert B. Nickle

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

4. Sex male

5. Color or race white

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

6. (b) Name of husband or wife Helen Nickle

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

7. Birth date of deceased May (Month)

26 (Day) 1914 (Year)

8. AGE: Years 30

Months 7

Days 1

If less than one day _____ hr. _____ min.

9. Birthplace Missouri (City, town, or county)

(State or foreign country)

10. Usual occupation Farmer

11. Industry or business

12. Name L. W. Nickle

13. Birthplace Illinois (City, town, or county)

(State or foreign country)

14. Maiden name Donie Box

15. Birthplace Illinois (City, town, or county)

(State or foreign country)

16. (a) Informant Mrs. Bert Nickle

(b) Address Butterfield, Missouri

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 12-30-1944 (Month) (Day) (Year)

(c) Place: burial or cremation Sparks

18. (a) Signature of funeral director Culver Funeral Home

(b) Address Cassville, Missouri

19. (a) Jan 10 - 1945 (Date received local registrar) (b) Grace Williams (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December day 27th year 1944 hour 9 minute A. M.

21. I hereby certify that I attended the deceased from Oct. 25, 1944, to Dec 27, 1944; that I last saw him alive on Dec. 27, 1944; and that death occurred on the date and hour stated above.

Immediate cause of death Pulmonary Tuberculosis of jaw.

Due to _____

Due to _____

Other conditions (Include pregnancy within 3 months of death) 13 lb

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 2

23. Signature E. B. McDavid (M. D. or other) A. B. No.

Address Cassville, Mo. Date signed Feb 14

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

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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... *Margaret Culver*
Licensed Embalmer No... *4389*
P. O. Address... *Cassville*

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.