

FILED OCT 30 1946

Primary Registration District No. 4213

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

1. PLACE OF DEATH:

(a) County Henry  
(b) City or town Montrose Mo.  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: at Home  
(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 Mo. (b) County Henry  
(c) City or town Montrose Mo.  
(If outside city or town limits, write "RURAL")  
(d) Street No. at Home  
(If rural, give location)  
(e) Citizen of foreign country? No. (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME

CORA V NICKELL

3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_

4. Sex F 5. Color or race W 6. (a) Single, widowed, married, divorced divorced

6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased: Jan (Month) 18 (Day) 1868 (Year)

8. AGE: Years 78 Months 9 Days 1 If less than one day hr. \_\_\_\_\_ min. \_\_\_\_\_

9. Birthplace: NORTH FIELDS (City, town, or county) MINN. (State or foreign country)

10. Usual occupation: Housewife

11. Industry or business \_\_\_\_\_

MOYER FATHER { 12. Name Edwin Blew  
13. Birthplace New York (City, town, or county) (State or foreign country)  
14. Maiden name Lucy Conistich  
15. Birthplace Luan (City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Edwin Blew  
(b) Address Montrose, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 10-4-46 (Month) (Day) (Year)

(c) Place: burial or cremation Montrose, Mo.

18. (a) Signature of funeral director Geo. Pethoff  
(b) Address City, Mo.

19. (a) 10-3-46 (Date received local registrar) (b) R. R. Kenney (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct day 2 year 1946 hour 12 minute 5 M.

21. I hereby certify that I attended the deceased from Apr 26 1937 to Oct 2 1946, that I last saw her alive on Oct 2 1946 and that death occurred on the date and hour stated above.

Immediate cause of death: acute myocarditis  
Due to: arterio sclerosis

Due to \_\_\_\_\_  
Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_  
Major findings: 93A  
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? \_\_\_\_\_

While at work? \_\_\_\_\_ (Specify type of place) (e) Means of injury D

23. Signature W. E. Baggerly MD (M.D. or other)  
Address Montrose Mo. Date signed 10-3-46

RECEIVED

DATE FILED 9-16-1019  
10-9-46

**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..... Oscar Pabloft

Licensed Embalmer No..... 3942

P. O. Address..... Appleton City, 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.