

FILED JAN 13 1947

Registration District No. 209

Primary Registration District No. 3043

1. PLACE OF DEATH:

(a) County Marion
(b) City or town Hennibal
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Levering Hospital
(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 Marion
(c) City or town Hannibal
(If outside city or town limits, write "RURAL")
(d) Street No. 1721 Harrison Hill
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Jemma Harper Nicely

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 Married
6. (b) Name of husband or wife W. Clyde Nicely 6. (c) Age of husband or wife if alive 65 years
7. Birth date of deceased June 16, 1884
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	62	6	12	_____hr. _____min.

9. Birthplace Lewistown Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business XX

MOTHER FATHER { 12. Name James H. Zimmerman
13. Birthplace Tennessee
(City, town, or county) (State or foreign country)
14. Maiden name Mary Harper
15. Birthplace Lewistown Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant W. C. Nicely
(b) Address 1721 Harrison Hill

17. (a) Burial (b) Date thereof 12/30/46
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Lewistown Mo

18. (a) Signature of funeral director [Signature]
(b) Address 902 Broadway Hannibal Missouri

19. (a) 12-30-46 (b) [Signature]
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December, 28, 1946
year 1946 hour 5 minute 15 A.M.

21. I hereby certify that I attended the deceased from Jan 44 to Dec 28, 1946
that I last saw him alive on Dec 28, 1946
and that death occurred on the date and hour stated above.

Immediate cause of death Chronic myocarditis Duration 2 yr

Due to _____

Due to _____

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations none 4.8.46
Of autopsy none

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 _____

23. Signature [Signature] (M. D. or other)
Address 502 Broadway Date signed Dec 28 1946

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

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 *W. Crawford Smith*.....

Licensed Embalmer No..... 2814.....

P. O. Address..... Hannibal Missouri.....

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.