

FILED APR 5 1948

Registration District No. **78**

Primary Registration District No. **5361**

Registrar's No. **23**

1. PLACE OF DEATH:

(a) County **DAVIEES**
(b) City or town **Rural JACKSON TWP**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: **R.F.D #3 Jameson**
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community **2 1/2 years** years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State **MISSOURI** (b) County **DAVIEES**
(c) City or town **Rural 31**
(If outside city or town limits, write "RURAL")
(d) Street No. **R.F.D #3 Jameson Mo**
(If rural, give location)
(e) Citizen of foreign country? **no** (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME **SAMANTHA JANE NICKELL**

3. (b) If veteran, name war _____ 3. (c) Social Security No. **NONE**

4. Sex **FEMALE** 5. Color or race **WHITE** 6. (a) Single, widowed, married, divorced **WIDOWED**
6. (b) Name of husband or wife **THOMAS S. NICKELL** 6. (c) Age of husband or wife if alive **18** years
7. Birth date of deceased **Dec 18, 1868**
(Month) (Day) (Year)

8. AGE: Years **79** Months **2** Days **9** If less than one day _____ hr. _____ min.

9. Birthplace **DAVIEES COUNTY MO**
(City, town, or county) (State or foreign country)

10. Usual occupation **HOUSEKEEPER**

11. Industry or business **HOME**

MOTHER FATHER { 12. Name **ANTHONY ROBINSON**
13. Birthplace **unknown unknown**
(City, town, or county) (State or foreign country)
14. Maiden name **ANNA ROBINSON**
15. Birthplace **unknown unknown**
(City, town, or county) (State or foreign country)

16. (a) Informant **Geo E Nickell**
(b) Address **R.F.D #3 Jameson Mo**

17. (a) **burial** (b) Date thereof **2-29-48**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Magin Cemetery Jameson Mo**

18. (a) Signature of funeral director **R. J. A. D. D. D.**
(b) Address **2000 Taylor Mo**

19. (a) **8 March 1948** (b) **Regina Engelhart**
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Feb** day **27** year **1948** hour **10:30** minute **A** M.

21. I hereby certify that I attended the deceased from **22 Feb 1948** to **27 Feb 1948**
that I last saw her alive on **26 Feb 1948**
and that death occurred on the date and hour stated above.

Immediate cause of death **Cerebral vascular disease** Duration **10 days**
Due to **hypertensive**
cardiovascular
Due to **disease unknown**

Other conditions _____ (Include pregnancy within 3 months of death)
Major findings: **93** Of operations _____ Of autopsy _____
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) (Means of injury)
23. Signature **Debra D. D.** (M. D. or other) **MD**
Address **Gallatin** Date signed **2 March 48**

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

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DISTRICT HEALTH OFFICE
Cameron, Mo.

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 *myself*

Signed..... *Walter E. Moyer*
Licensed Embalmer No..... *4491*
P. O. Address..... *Jrenton, 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.