FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED DEC 6 1948

Registration District No. 4384

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 37530

Primary Registration District No. 43 & 5

Registrar's No. 30

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

1. PLACE OF DEATH:

(a) County Oregon

(b) City or town Koshkonong Myatt Twsp.
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: /
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether
In this community Lifetime
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Oregon 75

(c) City or town Koshkonong (Rural) 0
(If outside city or town limits, write "RURAL")

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

(e) Citizen of foreign country? (Yes or No) 0

If yes, name country

3. (a) PRINT FULL NAME Lydia Nicks

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 Bernie Nicks

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

7. Birth date of deceased March (Month) 5 (Day) 1891 (Year)

8. AGE:

Years	Months	Days	If less than one day
57	6	5	hr. min.

9. Birthplace Howell County (City, town, or county) Missouri (State or foreign country) 0

10. Usual occupation Domestic

11. Industry or business

FATHER
12. Name G. W. Huntsberger
13. Birthplace Warren County (City, town, or county) Missouri (State or foreign country) 0

MOTHER
14. Maiden name Ellen Mahorney
15. Birthplace Warren County (City, town, or county) Missouri (State or foreign country) 0

16. (a) Informant Mrs. Hester Bussell
(b) Address Koshkonong, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 9/20/48 (Month) (Day) (Year)
(c) Place: burial or cremation Wayside Cem.

18. (a) Signature of funeral director Leland Carter
(b) Address Thayer, Mo.

19. (a) 12-11-48 (Date received local registrar) (b) Mrs W.C. Johnson (Registrar's signature) 4/6

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept. day 18
year 1948 hour 10 minute 30 P. M.

21. I hereby certify that I attended the deceased from Sept 10, 1948, to Sept 18, 1948;
that I last saw him alive on Sept 11, 1948;
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Coronary Heart Disease	
Bronchial Pneum	1 day
Due to: Myocardial Failure	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause of 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 G W Cooper (M. D. or other) MD

Address Thayer Mo Date signed 9-20-48

Cooper.

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED 12-1-48
District Health Officer No. 5,
District File Number 12-48-931
Date Filed 12-3-48

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 Leland Cates

Licensed Embalmer No. 4516

P. O. Address Thayer, 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.

2B
3-45
X43880

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. Dec

Registration District No. 254 Primary Registration District No. 4385 Registrar's No. 59

1. PLACE OF DEATH:

(a) County Oregon

(b) City or town Koshkonong
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:

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

(d) Length of stay: In hospital or institution (Specify whether years, months or days)

In this community

2. USUAL RESIDENCE OF DECEASED:

(a) State (b) County

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

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

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

If yes, name country

3. (a) PRINT FULL NAME Lydia Nicha

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex F

5. Color or race W

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

6. (b) Name of husband or wife

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

7. Birth date of deceased March 5 1889
(Month) (Day) (Year)

8. AGE: Years 57 Months Days If less than one day hr. min.

9. Birthplace (City, town, or county) No (State or foreign country)

10. Usual occupation

11. Industry or business

FATHER 12. Name

13. Birthplace (City, town, or county) (State or foreign country)

MOTHER 14. Maiden name

15. Birthplace (City, town, or county) (State or foreign country)

16. (a) Informant

(b) Address

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

(c) Place: burial or cremation

18. (a) Signature of funeral director

(b) Address

19. (a) 12/11/48 (Date received local registrar) (b) Mrs W C Johnson (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept Day 8 year 1948 hour minute M.

21. I hereby certify that I attended the deceased from , 19 to , 19 ; that I last saw h alive on , 19 ; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death	
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
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? (Specify type of place)

While at work? (e) Means of injury

23. Signature (M. D. or other)

Address Date signed

SUPPLEMENTARY

S-37530