

FILED MAR 23 1952

STANDARD CERTIFICATE OF DEATH

State File No. 9183

1690  
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 226 PRIMARY REG. DIST. NO. 4338 Registrar's No. 9

1. PLACE OF DEATH a. COUNTY <u>MONROE</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MISSOURI</u> b. COUNTY <u>MONROE</u>	
b. CITY (If outside corporate limits, write RURAL and give town) <u>MONROE CITY</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>MONROE CITY</u> <u>0690</u>	
c. LENGTH OF STAY (In this place) <u>9 YRS.</u>		d. STREET ADDRESS (If rural, give location) <u>207 CATHERINE</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>207 CATHERINE</u>			
3. NAME OF DECEASED a. (First) <u>HARRIT</u>		b. (Middle) <u>MADELINE</u>	
c. (Last) <u>NICKERSON</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>MARCH 21 1952</u>	
5. SEX <u>FEMALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>	8. DATE OF BIRTH <u>MARCH 10<sup>TH</sup> 1898</u>
9. AGE (In years last birthday) <u>54</u>		10. IF UNDER 1 YEAR Months <u>11</u> Days <u>7</u>	11. IF UNDER 4 HRS. Hours <u>11</u> Min. <u>7</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>HOUSE KEEPER</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>OWN Home</u>	
11. BIRTHPLACE (State or foreign country) <u>QUINCY ILLINOIS</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13a. FATHER'S NAME <u>HARRY B. JOHNSON</u>		13b. MOTHER'S MAIDEN NAME <u>MARTHA WOODRUFF</u>	
14. NAME OF HUSBAND OR WIFE <u>ROBERT M. NICKERSON</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>		16. SOCIAL SECURITY NO. <u>_____</u>	
17. INFORMANT'S SIGNATURE OR NAME <u>R.M. Nickerson</u>		ADDRESS <u>Monroe City Mo</u>	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>CARCINOMA of UTERUS</u> ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>174X</u>	
18. INTERVAL BETWEEN ONSET AND DEATH <u>2 YEARS</u>			
19a. DATE OF OPERATION <u>JULY 1951</u>		19b. MAJOR FINDINGS OF OPERATION <u>CARCINOMA OF UTERUS-BLADDER-RECTUM</u>	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21a. ACCIDENT SUICIDE HOMICIDE (Specify) _____		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____	
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) _____			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21f. HOW DID INJURY OCCUR? _____			
22. I hereby certify that I attended the deceased from <u>JULY 21, 1951</u> , to <u>MAR 21, 1952</u> , that I last saw the deceased alive on <u>MAR 21, 1952</u> , and that death occurred at <u>3:55 P.M.</u> from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <u>Thos. W. Roberts M.D.</u>		23b. ADDRESS <u>Monroe City Mo</u>	
23c. DATE SIGNED <u>Mar 21, 1952</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>REMOVAL</u>		24b. DATE <u>3-24-1952</u>	
24c. NAME OF CEMETERY OR CREMATORY <u>WOODLAWN CEMETERY</u>		24d. LOCATION (City, town, or county) (State) <u>Quincy Illinois</u>	
DATE REC'D BY LOCAL REG. <u>3-21-52</u>		REGISTRAR'S SIGNATURE <u>Elmer Robertson</u>	
25. FUNERAL DIRECTOR'S SIGNATURE <u>WILSON &amp; SON</u>		ADDRESS <u>MONROE CITY MO</u>	

DEC 16 1953

DEC 15 1953

MAY 3 1953

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 \_\_\_\_\_

working under my personal supervision.

Student Embalmer No. \_\_\_\_\_

Student .....  
Student Embalmer

Signed Leslie L. Wilson

Licensed Embalmer No. 3014

P. O. Address Monroe 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.