

REC'D APR 24 1939

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

10653

Do not use this space.

1. PLACE OF DEATH

(a) County James ² Registration District No. 252
(b) Township Jamesport Primary Registration District No. 4652 Registered No. _____
(c) City _____ or _____ (d) Street No. 53.51 _____ St. _____
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred yrs. mos. da. (f) How long in U.S., if of foreign birth? yrs. mos. da.

2. PRINT FULL NAME

Richard Nickell
(a) Residence, No. _____ St. (If nonresident, give city or town and State)
(Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec 2 1910

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
28 3 26

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. _____
9. Industry or business in which work was done, as saw mill, bank, etc. _____
10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Jamesport, Missouri

FATHER 13. NAME Baby Nickell

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Jamesport, Missouri

MOTHER 15. MAIDEN NAME Effie Scott

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Jamesport, Missouri

17. INFORMANT (ADDRESS) Mrs. Effie Nickell, Jamesport, Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Maple Grove #2 DATE March 29 1939

19. FUNERAL DIRECTOR (NAME) (ADDRESS) R. Roberson, Jamesport, Mo

20. FILED 3-29, 1939 Nickell Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 3/29, 1939

22. I HEREBY CERTIFY, That I attended deceased from 3/25 to 3/28

I last saw him alive on 3/28 1939 Death is said to have occurred on the date stated above, at 2:30 m.

The principal cause of death and related causes of importance were as follows:

Coronary Artery Disease

Date of onset

3/1/39

Other contributory causes of importance: Rheumatic Fever

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? _____

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? _____ Date of injury _____, 19____

Where did injury occur? _____ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? _____

If so, specify _____

(Signed) J. J. Graham M. D.

(Address) Jamesport, Mo

RECEIVED

District Health Officer No. 117

District File Number 39-380

Date Filed APR 21 1939

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

O. L. Roberson

Licensed Embalmer No.

3244

P. O. Address

Jamesport, Md.

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, above space should be left blank.