

WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

REC'D APR 19 1939

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

11770

Do not use this space.

Registered No. 3

1. PLACE OF DEATH

(a) County Osage Registration District No. 644  
 (b) Township Lincoln Primary Registration District No. 5853  
 (c) City Lincoln or P. 10 (d) Street No. \_\_\_\_\_ 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. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Annie Nickamp

(a) Residence, No. Lincoln P. 10 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 F. 4. COLOR OR RACE W. 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED W.  
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Peter Nickamp  
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 10-29-1860  
 7. AGE YEARS 78 MONTHS 5 DAYS 1 If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.  
 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. Housewife  
 10. Date deceased last worked at this occupation (month and year) \_\_\_\_\_ 11. Total time (years) spent in this occupation \_\_\_\_\_

12. BIRTHPLACE (CITY OR TOWN) Osage Co (STATE OR COUNTRY) Mo

13. NAME Bouschem

14. BIRTHPLACE (CITY OR TOWN) Osage Co (STATE OR COUNTRY) Mo

15. MAIDEN NAME G. Beschemen

16. BIRTHPLACE (CITY OR TOWN) Unknown (STATE OR COUNTRY) \_\_\_\_\_

17. INFORMANT Theo. Massen (ADDRESS) Lincoln Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Lincoln DATE 3/30/1939

19. FUNERAL DIRECTOR (NAME) Western Funeral Home (ADDRESS) Lincoln Mo

20. FILED Mar 30 1939 Emily H. Hutto Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 3/28-39, 19

22. I HEREBY CERTIFY, That I attended deceased from 10-1-37, 19, to 3-27-39, 19

I last saw her alive on 3-27-39, 19. Death is said to have occurred on the date stated above, at 7/2 m.  
 The principal cause of death and related causes of importance were as follows:

Myocarditis  
thoracic embolism  
 Other contributory causes of importance: Hypertension  
 Date of onset Chr.  
3-25-39  
Chr.

Name of operation Chinical Date of \_\_\_\_\_

What test confirmed diagnosis Chinical Was there an autopsy? No

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? No

If so, specify \_\_\_\_\_ (Signed) H. H. Hutto, M. D.

(Address) Lincoln 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.....

*Vernon Morton*

Registered Apprentice No. *165*

working under my personal supervision.

Signed.....

*McBirmingham*

Licensed Embalmer No. *3664*

P. O. Address. *Terre Haute 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, above space should be left blank.**