

Registration District No. 377

Primary Registration District No. 5525

1. PLACE OF DEATH:
(a) County HOWARD
(b) City or town RURAL
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community Two years
years, months or days

3. (a) PRINT FULL NAME MRS. CARRIE SIDNEY 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. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased Aug 26 - 1878
(Month) (Day) (Year)

8. AGE: Years 62 Months 8 Days 12
If less than one day _____ hr. _____ min.

9. Birthplace Howard Co. Mo. S.
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business At home

MOTHER FATHER
12. Name Sidney Tompkins
13. Birthplace Mo. S.
(City, town, or county) (State or foreign country)
14. Maiden name Sarah Ann Smith
15. Birthplace Howard Co. Mo. S.
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature Geo. Franklin
(b) Address Boonsboro Mo.

17. (a) Burial (b) Date thereof 1-11-41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation At home
18. (a) Signature of funeral director N. S. [unclear]
(b) Address New Franklin Mo.

19. (a) Jan 11 - 1941 (b) Mrs. Elizabeth Shipley
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Howard
(c) City or town Rural
(If outside city or town limits, write "RURAL")
(d) Street No. near Boonsboro, Mo.
(If rural, give location)
(e) If foreign born, how long in U. S. A. _____ years.

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Jan day 9th
year 1941 hour one minute _____ P.M.

21. I hereby certify that I attended the deceased from 1-3
_____, 1941, to 1-9, 1941
that I last saw him alive on 1-9, 1941
and that death occurred on the date and hour stated above.

Immediate cause of death Chronic myocarditis
Tuberculosis

Due to Tuberculosis

Due to _____
Other conditions (include pregnancy within 3 months of death) 100

Major findings:
Of operations _____
Of autopsy _____

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?
at home
(Specify type of place) _____ (e) Means of injury _____

23. Signature [Signature] (M. D. or other)
Address Boonsboro, Mo. Date signed Jan 11 - 1941

Duration _____
Underline the cause to which death should be charged statistically.

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.

RECEIVED
District Health Officer No. 8
District File Number
Date Filed 2-10-41

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..... *N. L. Hall*.....
Licensed Embalmer No. *3515*.....
P. O. Address *New Franklin, 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.