

APR 9 1941  
Registration District No. 75

Primary Registration District No. 5170 B

Registrar's No. \_\_\_\_\_

1. PLACE OF DEATH:

(a) County: Camden  
(b) CITY or town: Stoutland  
(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 \_\_\_\_\_  
In this community thirteen years (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State: MO (b) County: Camden  
(c) City or town: Stoutland  
(If outside city or town limits, write "RURAL")  
(d) Street No. \_\_\_\_\_ (If rural, give location)  
(e) If foreign born, how long in U. S. A. ? \_\_\_\_\_ years.

3. (a) PRINT FULL NAME: W. LEM V. NICKS

3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_

4. Sex: male 5. Color or race: white 6. (a) Single, widowed, married, divorced: widowed

6. (b) Name of husband or wife: Kate Nicks 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased: June 18 1868  
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>72</u>	<u>8</u>	<u>19</u>	hr. _____ min. _____

9. Birthplace: Keydenville MO  
(City, town, or county) (State or foreign country)

10. Usual occupation: Packing House employee 33 yrs

11. Industry or business \_\_\_\_\_

12. Name: unknown

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

14. Maiden name: unknown

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

16. (a) Informant: C. C. Nicks

(b) Address: Stoutland MO

17. (a) Burial (b) Date thereof: Mar. 5 1941  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation: Poplar Springs Cemetery

18. (a) Signature of funeral director: Banker Woolery

(b) Address: Camden, MO

19. (a) APR 3 1941 (b) Mrs. Mar. Paul Mooney  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 3rd  
year 1941 hour 3:30 minute \_\_\_\_\_ M.

21. I hereby certify that I attended the deceased from Jan 25  
1941, to March 3, 1941,  
that I last saw him alive on March 3, 1941,  
and that death occurred on the date and hour stated above.

Immediate cause of death: chronic nephritis

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_

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? \_\_\_\_\_

(e) While at work? \_\_\_\_\_ (Specify type of place) (f) Means of injury \_\_\_\_\_

23. Signature: L. E. Costner (M. D. or other) \_\_\_\_\_

Address: Stoutland MO Date signed: 3-4-41

Duration

Widowed

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

15  
98

15  
8

12/18

RECEIVED

District Health Officer No. 7.

District File Number 4-41-605

Date Filed 4-7-41

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 Bob Woolery

Licensed Embalmer No. 2488

P. O. Address Camden, 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, fact should be so stated above.