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12-40  
7-39  
X23159

FILLED JUN 12 1941

State File No. 17849

Registration District No. 318

Primary Registration District No. 2401

Registrar's No. 441

1. PLACE OF DEATH:

(a) County GREENE  
(b) City or town Springfield  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution 904 E. Chestnut Home!  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution Home  
(Specify whether years, months or days) 20 years

3. (a) PRINT FULL NAME Minerva Nickse

3. (b) If veteran, name war NO 3. (c) Social Security No. none

4. Sex F 5. Color or race W 6. (a) Single, widowed, married, divorced Widow

6. (b) Name of husband or wife W. W. Nickse 6. (c) Age of husband or wife if alive Dec. years

7. Birth date of deceased July 17 1874  
(Month) (Day) (Year)

8. AGE: Years 66 Months 10 Days 10 If less than one day hr. min.

9. Birthplace Unknown Ark.  
(City, town, or county) (State or foreign country)

10. Usual occupation House wife

11. Industry or business

12. Name Jeff Flaney

13. Birthplace Unknown Ark.  
(City, town, or county) (State or foreign country)

14. Maiden name Frances Unknown

15. Birthplace Unknown Ark.  
(City, town, or county) (State or foreign country)

16. (a) Informant Evelyn Nickse

(b) Address 1315 Ethel

17. (a) Burial (b) Date thereof May 29, 41  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Maple Park

18. (a) Signature of funeral director Dunn Funeral Home

(b) Address 629 W Walnut

19. (a) 5-29-41 (b) W. E. Handley  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County Greene 39  
(c) City or town Springfield MO 2  
(If outside city or town limits, write "RURAL")  
(d) Street No. 904 E Chestnut 6  
(If rural, give location)  
(e) If foreign born, how long in U. S. A. 0 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 28 - 41  
year hour minute 8 40 P.M.

21. I hereby certify that I attended the deceased from 5-2-  
1941, to 5-28- 1941  
that I last saw him alive on 5-28- 1941  
and that death occurred on the date and hour stated above.

Immediate cause of death Cancer of lung - primary

Due to

Due to

Other conditions 468  
(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?  
While at work? (Specify type of place) (e) Means of injury

Signature W. Kelly (M. D. or other) 0

Date signed 5-29-41

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

MOTHER FATHER

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

**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.....

*Rayd W. Ford*

Licensed Embalmer No. *2910*

P. O. Address *629 W Walnut*

**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.**

X