S. No. 2
—9-4-41
5-17-39
I X29484

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

5817

State File No.

FILED MAR 16 1942

Registration District No. 3 Primary Registration District No. 3005 Registrar's No. 7

1. PLACE OF DEATH:
(a) County Bates
(b) City or town Rich Hill Mo.
(If outside city or town limits, write "RURAL" and name of township)
(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 One Year (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Bates
(c) City or town Rich Hill
(If outside city or town limits, write "RURAL")
(d) Street No. 215 Park Ave.
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Nelson A. Nickerson
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 Widower
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Birth date of deceased Aug. (Month) 10 (Day) 1847 (Year)

8. AGE: Years 94 Months 6 Days 16 If less than one day hr. min.

9. Birthplace Mame (City, town, or county) Ohio (State or foreign country)
10. Usual occupation Minister
11. Industry or business
FATHER
12. Name William Nickerson
13. Birthplace England (City, town, or county) (State or foreign country)
MOTHER
14. Maiden name Sarah Unknown
15. Birthplace Unknown (City, town, or county) (State or foreign country)
16. (a) Informant
(b) Address
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Feb 27 42 (Month) (Day) (Year)
(c) Place: burial or cremation Sweet Springs Mo.
18. (a) Signature of funeral director Ford & Reasley
(b) Address Rich Hill Mo.
19. (a) Feb. 26 42 (Date received local registrar) (b) Chandler Allen M.D. (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. day 26 6 42
year 42 hour 1 minute 6 A.M.
21. I hereby certify that I attended the deceased from [illegible] 1942, to [illegible] 1942, that I last saw him alive on [illegible] 1942, and that death occurred on the date and hour stated above.

Immediate cause of death [illegible] Duration
Due to [illegible]
Due to [illegible]
Other conditions (Include pregnancy within 3 months of death)
Major findings: Of operations 137 C
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

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? (Specify type of place)
While at work? (e) Means of injury
23. Signature [illegible] (M.D. or other)
Address Rich Hill Mo. Date signed 2/24/1942

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(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 7,
District File Number 3-42-221
Date Filed 3-9-42

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 me, Registered Apprentice No. ....., working under my personal supervision.

Signed J. Hudson Rawley

Licensed Embalmer No. 2730

P. O. Address Rich Hill 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, fact should be so stated above.