

S. No. 2
-1-4-41
5-17-39
PI X25390

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. **34237**
Registrar's No. **6**

FILED NOV 7 1942
Registration District No. **1942-194**

Primary Registration District No. **56-9-85711**

1. PLACE OF DEATH:
(a) County **McDonald**
(b) City or town **Elkhorn - Rural -**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Rocky Comfort mo. R.R.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution.
In this community _____
years, months or days

2. USUAL RESIDENCE OF DECEASED:
(a) State **Missouri** (b) County **McDonald**
(c) City or town **Rural**
(If outside city or town limits, write "RURAL")
(d) Street No. **Rocky Comfort mo. R.R.**
(If rural, give location)
(e) Citizen of foreign country? **no** (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME **James Thomas (Dale) Nicely**
(b) If veteran, name war **none**
(c) Social Security No. **none**

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month **Oct** day **23rd**
year **1942** hour **12-** minute **A.M.**
21. I hereby certify that I attended the deceased from **Sept. 15** 19**42** to **Oct. 23** 19**42**
that I last saw him alive on **Oct. 15** 19**42**
and that death occurred on the date and hour stated above.

4. Sex **male** Color or race **white**
5. (a) Single, widowed, married, divorced **married**
(b) Name of husband or wife **Julia Nicely**
(c) Age of husband or wife if alive **66** years
7. Birth date of deceased **1 May 10 - 1879**
(Month) (Day) (Year)

Immediate cause of death **Pulmonary tuberculosis**
Due to _____
Due to _____
Other conditions (include pregnancy within 3 months of death) **138'**
Major findings:
Of operations _____
Of autopsy _____

8. AGE: Years **63** Months **5** Days **13**
If less than one day _____ hr. _____ min.

9. Birthplace **Union County Tenn.**
(City, town, or county) (State or foreign country)

10. Usual occupation **Farmer**

11. Industry or business _____

12. Name **William Nicely**

13. Birthplace **Tenn.**
(City, town, or county) (State or foreign country)

14. Maiden name **Hazelma Buckner**

15. Birthplace **Tenn.**
(City, town, or county) (State or foreign country)

16. (a) Informant **Mrs Julia Nicely**

(b) Address **Rocky Comfort mo. R.R.**

17. (a) **Burial** (b) Date thereof **10-25-42**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Rocky Comfort**
(d) Signature of funeral director **Wheaton Funeral Home**

(a) Address **Wheaton 170.**
(b) **10-30-42** (c) **L. E. Kirk**
(Date received local registrar) (Registrar's signature)

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?

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

23. Signature **Dr. E. C. Coudron** (M. D. or other)
Address **Stalla mo** Date signed **10/23/42**

1290 (Licensed Embalmer's Statement on Reverse Side)

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

60
0
0

RECEIVED

District Health Officer No. 6,

District File Number 1142-1526

Date Filed NOV 4 1942

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 *W. J. Bernell*

Licensed Embalmer No. 4213

P. O. Address Cassville Missouri

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.