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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

21870

State File No. .....

FILED JUL 10 1943

Registration District No. 179 Primary Registration District No. 4289 Registrar's No. .....

1. PLACE OF DEATH:

(a) County Lincoln

(b) City or town Hawkpoint
(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 ..... years, months or days) 76-6-8

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Lincoln 57 0

(c) City or town Hawkpoint 0
(If outside city or town limits, write "RURAL")

(d) Street No. .....
(If rural, give location)

(e) Citizen of foreign country? ..... (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME MARY EMILY NICKLIN

3. (b) If veteran, name war None

3. (c) Social Security No. None

4. Sex Female

5. Color or race White

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Wm Frazier Nicklin

6. (c) Age of husband or wife if alive 83 years

7. Birth date of deceased Nov (Month) 3 (Day) 1866 (Year)

8. AGE: Years 76 Months 6 Days 8 If less than one day ..... hr. ..... min.

9. Birthplace Hawkpoint (City, town, or county) Mo. 0 (State or foreign country)

10. Usual occupation Housewife

11. Industry or business .....

FATHER
12. Name Mel Fine
13. Birthplace Hawkpoint (City, town, or county) Mo 0 (State or foreign country)

MOTHER
14. Maiden name Liza Owings
15. Birthplace ..... (City, town, or county) Missouri (State or foreign country)

16. (a) Informant Wm Nicklin
(b) Address Hawkpoint

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof May 15 43 (Month) (Day) (Year)
(c) Place: burial or cremation Hawkpoint Cemetery

18. (a) Signature of funeral director Wayne McCoy
(b) Address Troy Mo

19. (a) June 15/43 (Date received local registrar) (b) Mrs Thos Jackson (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 11 year 1943 hour 6 minute P M.

21. I hereby certify that I attended the deceased from March, 1943, to May, 1943 that I last saw her alive on May 11, 1943 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Myocarditis	
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death) 93	
Major findings: Of operations	
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 2

23. Signature V.E. Altholz D.O. (~~M.D. or~~ other)
Address Troy, Mo. 0 Date signed 5/12/43

1186

(Licensed Embalmer's Statement on Reverse Side)

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 Wayne McCoy

Licensed Embalmer No. 3586

P. O. Address Troy 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.