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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **3633**

FILED FEB 7 1944
Registration District No. **242**

Primary Registration District No. **5793**

Registrar's No. _____

1. PLACE OF DEATH:

(a) County **Moniteau Co.**
(b) City or town **Rural** **Linn**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Jamestown, Mo, Rt, #2
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
Life (Specify whether
In this community _____
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Moniteau**
(c) City or town **Rural**
(If outside city or town limits, write "RURAL")
(d) Street No. **Jamestown, Mo, Rt. #2**
(If rural, give location)
(e) Citizen of foreign country? **NO** (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME **William Edward Nickles**

3. (b) If veteran, name war **No**
3. (c) Social Security No. **NO**

4. Sex **Male** 5. Color or race **White**
6. (a) Single, widowed, married, divorced **Married**

6. (b) Name of husband or wife **Biddie Nickles**
6. (c) Age of husband or wife if alive **61** years

7. Birth date of deceased **November 12 1888**
(Month) (Day) (Year)

8. AGE: Years **75** Months **2** Days **15**
If less than one day _____ hr. _____ min.

9. Birthplace **Moniteau Co**
(City, town, or county) (State or foreign country)

10. Usual occupation **Farmer**

11. Industry or business _____

12. Name **John Nickles**

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

14. Maiden name **Elizabeth Roth**
(City, town, or county) (State or foreign country)

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

16. (a) Informant **W E Nickles**

(b) Address **Jamestown Mo.**

17. (a) **Burial** (b) Date thereof **Jan. 29. 44**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Jamestown Cent**

18. (a) Signature of funeral director **Bowlin Funeral Home**

(b) Address **California. Mo.**

19. (a) **Jan. 28. 1944** (b) **Grace Bentz**
Date received local registrar (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **1** day **27**
year **1944** hour **6** minute **15** AM

21. I hereby certify that I attended the deceased from **1-7-44**
19____ to **1-22-44** 19____

that I last saw him alive on **1-22-44**
and that death occurred on the date and hour stated above.

Immediate cause of death **Pneumonia**
Duration **20 days**

Due to _____

Due to _____

Other conditions (Include pregnancy within 3 months of death) **101**

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?

While at work? _____ (Specify type of place)
(e) Means of injury **502**

23. Signature **Dr. B. A. Reynolds** (M.D. or other) **sig**

Address _____ Date signed **1-27-44**

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

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 Earl R. Boulton

Licensed Embalmer No. 2126

P. O. Address California

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.