

FILED OCT 10 1944

Registration District No. **104**

Primary Registration District No. **4176**

Registrar's No. **35**

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

1. PLACE OF DEATH:

(a) County Dunklin  
(b) City or town Malden  
(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) 1  
(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether)  
In this community 72 years  
years, months or days

3. (a) PRINT FULL NAME

SARAH A. NICKENS

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

4. Sex female  
5. Color or race White  
6. (a) Single, widowed, married, divorced widowed  
6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
7. Birth date of deceased October 14, 1863  
(Month) (Day) (Year)

8. AGE: Years 81 Months 11 Days 13  
If less than one day hr. \_\_\_\_\_ min. \_\_\_\_\_

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

10. Usual occupation housewife

11. Industry or business housewife

12. Name Sam Baldyan

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

14. Maiden name Anna Marshall

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

16. (a) Informant Mrs. J. A. Rimsak

(b) Address Malden, Mo.

17. (a) burial (b) Date thereof 10/11/44  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Bearwood Cemetery

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

(b) Address Malden, Mo.

19. (a) 10-1-44 (b) P. D. Elder  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Dunklin  
(c) City or town Malden  
(If outside city or town limits, write "RURAL")  
(d) Street No. \_\_\_\_\_ (If rural, give location)  
(e) Citizen of foreign country? no (Yes or No)  
If yes, name country 0

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month September day Friday  
year 1944 hour 2 minute 10 P.M.

21. I hereby certify that I attended the deceased from September 15th, 1944, to Sept. 29, 1944,  
that I last saw her alive on Sept 29th, 1944,  
and that death occurred on the date and hour stated above.  
Immediate cause of death Bronchitis-Pneumonia Duration 6 days

Due to Acute Bronchitis 10 days

Due to Chronic Bronchial Asthma 20 yrs

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations 107  
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 John Vandeleve (M. D. or other)  
Address Malden Mo Date signed 9/30/44

1288

RECEIVED

District Health Office No. 2,

District File Number 1044-1364

Date Filed 10-12-44

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

*J. E. Schuman*

Licensed Embalmer No. 4086

P. O. Address

*Melton*

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.