

S. No. 2
M-5-42
5-17-39
I X32873

Dr. Burke

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **5273**

FILED MAR 11 1948
128

Registration District No. _____

Primary Registration District No. **2000**

Registrar's No. **154**

39
2
6
WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:

(a) County **Greene**

(b) City or town **Springfield**
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: **717 S. New**
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution **11 Years** (Specify whether years, months or days)

In this community **11 Years**

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Greene** **39**

(c) City or town **Springfield**
(If outside city or town limits, write "RURAL") **6**

(d) Street No. **1163 Mt. Vernon**
(If rural, give location)

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

3. (a) PRINT FULL NAME **Nadine Harrin Nickles**

3. (b) If veteran, name war **No**

3. (c) Social Security No. **No**

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Feb.** day **13**
year **1946** hour **5** minute **20p.m.**

4. Sex **Female**

5. Color or race **White**

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

6. (b) Name of husband or wife **Verla A. Nickles**

6. (c) Age of husband or wife if alive **31** years

7. Birth date of deceased **Aug. 27, 1916**
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from **September 17, 1945** to **Feb 7, 1946**
that I last saw her alive on **Feb 7, 1946**
and that death occurred on the date and hour stated above.

| 8. AGE: | Years | Months | Days | If less than one day |
|-------------------------------------|-----------|----------|-----------|----------------------|
| <input checked="" type="checkbox"/> | 29 | 5 | 16 | hr. _____ min. |

Immediate cause of death **Cancer of Uterus 2 yrs**

9. Birthplace **Mt. Grove Missouri**
(City, town, or county) (State or foreign country)

Due to _____

Due to _____

Other conditions (Include pregnancy within 3 months of death) _____

10. Usual occupation **Housewife**

11. Industry or business _____

MOTHER FATHER {

12. Name **Clarence Harrin**

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

14. Maiden name **Dellia Lay**

15. Birthplace **Mt. Grove Missouri**
(City, town, or county) (State or foreign country)

PHYSICIAN

Major findings: Of operations _____

Of autopsy _____

Underline the cause to which death should be charged statistically.

16. (a) Informant **Verl A. Nickles**

(b) Address **Springfield, Mo.**

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? _____

17. (a) **Burial** (Burial, cremation, or removal) (b) Date thereof **2/16/46**
(Month) (Day) (Year)

(c) Place: burial or cremation **Maple Park**

18. (a) Signature of funeral director **H. H. Lohmeyer**

(b) Address **Springfield, Mo.**

While at work? _____ (Specify type of place)

(c) Means of injury _____

23. Signature **Walter H. Burke** (M. D. or other) **Dr.**

Address **410 Washington Bldg.** Date signed **2-15-46**

19. (a) **2-15-46** (b) **W. H. Handley**
(Date received local registrar) (Registrar's signature)

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

L. Deane Gorman

Licensed Embalmer No. *3177*

P. O. Address *Springfield*

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.