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ev. 5-17-39
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED FEB 25 1947

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 4301

Registration District No. 6 Primary Registration District No. 4117 Registrar's No.

1. PLACE OF DEATH:
(a) County Chariton
(b) City or town Rothville (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)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Chariton
(c) City or town Rothville (If outside city or town limits, write "RURAL") 21
(d) Street No. (If rural, give location) 0
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME PAMELA Nickell
3. (b) If veteran, name war
3. (c) Social Security No.
4. Sex F 1
5. Color or race W
6. (a) Single, widowed, married, divorced Single
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Birth date of deceased 1 (Month) 30 (Day) 47 (Year)

8. AGE: Years ✓ Months ✓ Days ✓ If less than one day 3 hr. min.
9. Birthplace Rothville (City, town, or county) Mo (State or foreign country) 0
10. Usual occupation ✓
11. Industry or business ✓
FATHER
12. Name Billy J. Nickell 0
13. Birthplace Missouri (City, town, or county) (State or foreign country)
MOTHER
14. Maiden name Florence Chair 0
15. Birthplace Rothville (City, town, or county) (State or foreign country)
16. (a) Informant Lee Chair
(b) Address Rothville Mo
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 1-30-47 (Month) (Day) (Year)
(c) Place: burial or cremation Rothville Mo
18. (a) Signature of funeral director Shheipard
(b) Address Mendon Mo
19. (a) Jan 30 47 (Date received local registrar) (b) Martha Clark (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month JAN day 30 year 1947 hour 2 minute A M.
21. I hereby certify that I attended the deceased from 3 AM Jan. 30, 1947, to 5 AM Jan. 30, 1947; that I last saw her alive on 5 AM Jan. 30, 1947; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Prematurity	
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

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 0
23. Signature Philip A. Ottman (M. D. or other) M.D.
Address Marceline, Missouri Date signed Jan 31, 47

57 (Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 8,
District File Number
Date Filed 2-22-47

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 This Body Was Not Embalmed, Registered Apprentice No. ....., working under my personal supervision.

Signed S. L. Leipard

Licensed Embalmer No. 3970

P. O. Address Meadow 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.