

No. 2
-1/47
4-17-39

National Office of Vital Statistics
FILED JUN 21 1948

Registration District No. **2**

Primary Registration District No. **4005**

1. PLACE OF DEATH:

(a) County **Andrew**
(b) City or town **Rosendale**
(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)
(d) Length of stay: In hospital or institution **81 2/20**
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Mo** (b) County **Andrew**
(c) City or town **Rosendale**
(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 _____

3. (a) PRINT FULL NAME **Sherman Nickels**
3. (b) If veteran, _____ name war _____
3. (c) Social Security No. _____

4. Sex **MC** 5. Color or race **W**
6. (a) Single, widowed, married, divorced **W**
6. (b) Name of husband or wife **Anna Cagg Nickels**
6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased **Oct 18 1866**
(Month) (Day) (Year)

8. AGE: Years **81** Months **7** Days **19**
If less than one day _____ hr. _____ min.

9. Birthplace **Rosendale Mo**
(City, town, or county) (State or foreign country)

10. Usual occupation **Farmer**

11. Industry or business **Retired**

12. Name **Robert D. Nickels**

13. Birthplace **No Record Ind.**
(City, town, or county) (State or foreign country)

14. Maiden name **Anna Simmons**

15. Birthplace **No Record Ind.**
(City, town, or county) (State or foreign country)

16. (a) Informant **Mrs. Jonea Wallace**
(b) Address **Rosendale Mo**

17. (a) **B** (b) Date thereof **6-9-48**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Bennett Lane**

18. (a) Signature of funeral director **E C Breit**

(b) Address **Selamat Mo**

19. (a) **6-9-48** (b) **Lullau Spork**
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **June** day **7**
year **1948** hour _____ minute _____ M.
21. I hereby certify that I attended the deceased from **May 15 '48**
19 _____ to **June 7** 19 _____
that I last saw him alive on **June 3** 19 _____
and that death occurred on the date and hour stated above.

Immediate cause of death **Coronary thrombosis**
Due to **Coronary sclerosis 2 months**
Due to _____

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

Major findings: Of operations _____
Of autopsy **gfw**

PHYSICIAN
Underline the cause of 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 _____

23. Signature **V P Wilson** (M. D. of other) _____
Address **Rosendale Mo** Date signed **6/9/48**

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

MOTHER FATHER

**DISTRICT HEALTH OFFICE
Cameron, Mo.**

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..... *E. C. Breit*

Licensed Embalmer No..... *2650*

P. O. Address..... *Savannah 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.