No. 2
9-4-41
5-17-39
X29484

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED APR 13 1944
Registration District No. 100

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 10864
Primary Registration District No. 3018
Registrar's No.

1. PLACE OF DEATH:
(a) County Dent
(b) City or town Salem
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: X
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution X (Specify whether
In this community most of his life
years, months or days)

2. USUAL RESIDENCE OF DECEASED: 33
(a) State Missouri (b) County Dent
(c) City or town Salem
(If outside city or town limits, write "RURAL")
(d) Street No. X
(If rural, give location)
(e) Citizen of foreign country? X (Yes or No)
If yes, name country X

3. (a) PRINT FULL NAME Thomas Wiley Nickles
3. (b) If veteran, name war X
3. (c) Social Security No. X

4. Sex male
5. Color or race W
6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife P. Jane Williams
6. (c) Age of husband or wife if alive 59 years
7. Birth date of deceased Nov (Month) 17 (Day) 1871 (Year)

8. AGE: Years 72 | Months 5 | Days 5 | If less than one day ___ hr. ___ min.

9. Birthplace Dent Co (City, town, or county) Mo (State or foreign country)
10. Usual occupation Laboroer
11. Industry or business X
MOTHER FATHER
12. Name Bill Nickles
13. Birthplace — (City, town, or county) Tenn (State or foreign country)
MOTHER FATHER
14. Maiden name Gideon
15. Birthplace -- (City, town, or county) Tenn (State or foreign country)
16. (a) Informant Clyde nickles
(b) Address Salem Mo
17. (a) burial (Burial, cremation, or removal) (b) Date thereof 3/24/44 (Month) (Day) (Year)
(c) Place: burial or cremation Mt. Herman Cem
18. (a) Signature of funeral director [signature]
(b) Address Salem Mo
19. (a) 3-24-44 (Date received local registrar) (b) [signature] (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Mar day 22
year 1944 hour 10. minute Pm M.
21. I hereby certify that I attended the deceased from Feb 26 1944 to Mar 21 1944
that I last saw [illegible] alive on Mar 21 1944
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Cerebral Hemorrhage	25 days
Due to	
Due to	
Other conditions Senility - arteriosclerosis (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
23. Signature [signature] (M. D. or other)
Address Salem Mo. Date signed 3/23/44

(Licensed Embalmer's Statement on Reverse Side)

1177

RECEIVED
District Health Officer No: 5,
District File Number 444246
Date Filed 4.10.44

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..... Carl L Spencer

Licensed Embalmer No. 2370

P. O. Address Salem Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wit the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.