

S. No. 2  
4-8-43  
5-17-39  
X37823

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **17807**  
Registrar's No. \_\_\_\_\_

**FILED JUN 27 1946**

Registration District No. **278** Primary Registration District No. **4448**

**1. PLACE OF DEATH:**

(a) County Ray  
 (b) City or town Lawsan  
 (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 \_\_\_\_\_ (Specify whether \_\_\_\_\_)  
 In this community \_\_\_\_\_ years, months or days

**3. (a) PRINT FULL NAME** MARY BELL NICKELSON

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

4. Sex F 5. Color or race w 6. (a) Single, widowed, married, divorced widowed

6. (b) Name of husband or wife Manley Nickelson 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased May 6 1863  
 (Month) (Day) (Year)

**8. AGE:**

Years	Months	Days	If less than one day	
<u>83</u>	<u>0</u>	<u>14</u>	hr.	min.

9. Birthplace Ray County Missouri  
 (City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business \_\_\_\_\_

**MOTHER FATHER**

12. Name Manuel Ray  
 13. Birthplace Kentucky  
 (City, town, or county) (State or foreign country)  
 14. Maiden name Sarah Ann Harris  
 15. Birthplace Kentucky  
 (City, town, or county) (State or foreign country)

16. (a) Informant Cina Nickelson  
 (b) Address Lawsan Missouri

17. (a) \_\_\_\_\_ (b) Date thereof \_\_\_\_\_  
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Lawsan Cemetery

18. (a) Signature of funeral director Jerman Priskland  
 (b) Address Lawsan Mo.

19. (a) 5-21-46 (b) Mrs. Raymond Krou  
 (Date received local registrar) (Registrar's signature)

**2. USUAL RESIDENCE OF DECEASED:**

(a) State Missouri (b) County Ray **89**  
 (c) City or town Lawsan **11**  
 (If outside city or town limits, write "RURAL")  
 (d) Street No. \_\_\_\_\_ (If rural, give location) **11**  
 (e) Citizen of foreign country? No (Yes or No) **0**  
 If yes, name country \_\_\_\_\_

**MEDICAL CERTIFICATION**

20. **DATE OF DEATH:** Month May day 19  
 year 1946 hour 90 minute 20 A.M.

21. I hereby certify that I attended the deceased from May 12, 1946 to May 19, 1946  
 that I last saw her alive on May 19, 1946  
 and that death occurred on the date and hour stated above.

Immediate cause of death Hypostatic pneumonia  
 Due to Cerebral Hemorrhage  
and Cerebral Arteriosclerosis

Other conditions \_\_\_\_\_  
 (Include pregnancy within 3 months of death)

Major findings: \_\_\_\_\_  
 Of operations gzw  
 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? \_\_\_\_\_

While at work? \_\_\_\_\_ (Specify type of place)  
 (e) Means of injury \_\_\_\_\_

23. Signature Albert D. Decker (M. D. or other) \_\_\_\_\_  
 Address Lawsan Date signed May 20/46

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD  
16687

RECEIVED

District Health Officer No. 8,

District File Number.....

Date Filed 6-5-46.....

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**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.....

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