

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
JAN 15 1940

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 43054

Registration District No. 165

Primary Registration District No. 5231

Registrar's No. 44

1. PLACE OF DEATH:
(a) County CEDAR
(b) City or town STOCKTON
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 2
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether years, months or days)
In this community MOST ALL OF LIFE

8. (a) PRINT FULL NAME MARY IRENE NICHOLS
8. (b) If veteran, name war _____ 8. (c) Social Security No. _____
4. Sex FEMALE 5. Color or race WHITE 6. (a) Single, widowed, married, divorced MARRIED
6. (b) Name of husband or wife DON NICHOLS 6. (c) Age of husband or wife if alive 25 % years
7. Birth date of deceased October 26, 1917
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
22 1 8 hr. min.

9. Birthplace cedar County, Mo.
(City, town, or county) (State or foreign country)

10. Usual occupation House wife

11. Industry or business _____

MOTHER FATHER
12. Name Geo. Jenkins
13. Birthplace Cedar Co., Mo.
(City, town, or county) (State or foreign country)
14. Maiden name Bessie M. Brown
15. Birthplace Cedar County, Mo.
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature Geo Jenkins
(b) Address Stockton

17. (a) _____ (b) Date thereof Dec. 5, 1939
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Stockton, Mo.

18. (a) Signature of funeral director W. C. Davis & Co.
(b) Address Stockton, Mo.

19. (a) Dec. 5, 1939 (b) Wm. Winnie Carleton
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Cedar
(c) City or town Rural-Stockton
(If outside city or town limits, write "RURAL")
(d) Street No. Rural
(If rural, give location)
(e) If foreign born, how long in U. S. A. ? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December day 3
year 1939 hour 7 minute 00 P. M.
21. I hereby certify that I attended the deceased from December 3, 1939, to December 3, 1939;
that I last saw h. a alive on December 3, 1939;
and that death occurred on the date and hour stated above.

Immediate cause of death Pulmonary tuberculosis Duration 9 mo.
Due to _____
Due to 72

Other conditions (Include pregnancy within 3 months of death) _____
Major findings: Of operations _____
Of autopsy not done
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 Benard C. Adler (M. D. or other) M.D.
Address Stockton, Mo. Date signed 12/6/39

SEP 21 1949

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.....

A. H. Neal

Licensed Embalmer No.....

3332

P. O. Address.....

Stockton

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, above space should be left blank.