

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 42955
Registrar's No. 55

REG. JAN 17 1941

Registration District No. 427

Primary Registration District No. 4253

1. PLACE OF DEATH:
(a) County Johnson
(b) City or town Holden ~~Madison~~
(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 51 years (Specify whether _____ years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Johnson
(c) City or town Holden
(If outside city or town limits, write "RURAL")
(d) Street No. _____ (If rural, give location)
(e) If foreign born, how long in U. S. A.? 0 years

3. (a) PRINT FULL NAME Claude William Nichols
(b) If veteran, name war World War (c) Social Security No. ✓

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Dec day 27
year 1940 hour about 2:00 minute 30 A. M.
21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;
that I last saw h_____ alive on _____, 19____;
and that death occurred on the date and hour stated above.

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Divorced
6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife If alive _____ years

Immediate cause of death Acute Indigestion Duration _____

7. Birth date of deceased Oct 1 1889
(Month) (Day) (Year)

Due to Overeating at supper, and drinking fruit-ade.

8. AGE: Years 51 Months 2 Days 25 If less than one day _____ hr. _____ min.
9. Birthplace Johnson County Missouri
(City, town, or county) (State or foreign country)

Due to He was dead, when I was called.

10. Usual occupation Farmer
11. Industry or business _____
12. Name Richard Grant Nichols
13. Birthplace Iowa
(City, town, or county) (State or foreign country)
14. Maiden name Ella M. Duncan
15. Birthplace Missouri
(City, town, or county) (State or foreign country)

Other conditions I was called.
(Include pregnancy within 3 months of death)

16. (a) Informant's own signature Albert M. Nichols
(b) Address Lataner Missouri
17. (a) Burial (b) Date thereof Dec 29-1940
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Hornsby Cemetery
18. (a) Signature of funeral director M. G. Redford
(b) Address Holden Mo
19. (a) Dec 28, 1940 (b) Mrs. B. V. Redford
(Date received local registrar) (Registrar's signature)

Major findings: Of operations _____
Of autopsy _____

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) _____
(e) Means of injury _____
23. Signature Edward Audrus (M. D. or other) Parson
Address Holden, Mo. Date signed Dec 27, 1940

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

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.

Rev. 5-17-39 1 X10511

RECEIVED
District Health Officer No. 8,
District File Number 1-13-41
Date Filed

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..... *T. M. Goodman*

Licensed Embalmer No. *2424*

P. O. Address..... *Holden 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, above space should be left blank.