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FILED MAR 20 1941 No 25-

Primary Registration District No. 3051

Registrar's No. 27

1. PLACE OF DEATH:

(a) County Nodaway
(b) City or town Maryville Mo.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution: _____ (Specify whether)
In this community Several years years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Nodaway
(c) City or town Maryville (If outside city or town limits, write "RURAL")
(d) Street No. 409 E. 6th St. (If rural, give location)
(e) If foreign born, how long in U. S. A.? _____ years.

3. (a) PRINT FULL NAME Laura Ellen Nichols

3. (b) If veteran, name war: _____ 3. (c) Social Security No. _____

4. Sex Female 5. Color or race white 6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife Willard Nichols 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased: Jan 27 (Month) 1865 (Day) (Year)

8. AGE: Years 76 Months 0 Days 27 If less than one day hr. _____ min. _____

9. Birthplace Salem (City, town, or county) I. Ind. (State or foreign country)

10. Usual occupation Housewife

11. Industry or business _____

12. Name William Baling

13. Birthplace Near Salem (City, town, or county) I. Indiana (State or foreign country)

14. Maiden name Mary Hopkins

15. Birthplace Salem (City, town, or county) Indiana (State or foreign country)

16. (a) Informant James Nichols

(b) Address 3 Redwood

17. (a) _____ (b) Date thereof 2-27-40 (Month) (Day) (Year)

(c) Place: burial or cremation Braham

18. (a) Signature of funeral director Compall Funeral Home

(b) Address Maryville Mo.

19. (a) 2-25-41 (Date received local registrar) (b) Mamie E. Clardy (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb day 24 th year 1941 hour 3 minute 30 P.M.

21. I hereby certify that I attended the deceased from July 19, 1940, to Feb. 24, 1941; that I last saw her alive on Feb. 23, 1940; and that death occurred on the date and hour stated above.

Immediate cause of death Cardio-vascular-renal disease Duration 10 yrs

Due to _____

Due to _____

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

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? 556 (Specify type of place) _____

While at work? _____ (e) Means of injury _____

23. Signature U. E. Ransfather (or other) D. D.

Address Maryville Mo. Date signed 2-25-41

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

MOTHER FATHER

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.....

William Campbell

Licensed Embalmer No. *2620*

P. O. Address *Manville, W.*

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.