No. 2
1-4-41
-17-39
X26390

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED MAR 25 1941

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 6 7886

Registration District No. 711 Primary Registration District No. 5940 4426 Registrar's No. 6

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

1. PLACE OF DEATH:
(a) County Pulaski
(b) City or town Dixon
(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 years, months or days) In this community .....

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Pulaski 5
(c) City or town Dixon 1
(If outside city or town limits, write "RURAL")
(d) Street No. 0
(If rural, give location)
(e) Citizen of foreign country? 0 (Yes or No)
If yes, name country .....

3. (a) PRINT FULL NAME William Kile Nichols
3. (b) If veteran, name war .....
3. (c) Social Security No. .....
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Laura D Nichols
6. (c) Age of husband or wife if alive ..... years
7. Birth date of deceased 8 (Month) 19 (Day) 1869 (Year)

8. AGE: Years	Months	Days	If less than one day
71	4	13	..... hr. ..... min.

9. Birthplace Pennsylvania (City, town, or county) / (State or foreign country)
10. Usual occupation Laborer
11. Industry or business .....
FATHER 12. Name Wm Nichols
FATHER 13. Birthplace Unknown (City, town, or county) G (State or foreign country)
MOTHER 14. Maiden name Unknown
MOTHER 15. Birthplace Unknown (City, town, or county) G (State or foreign country)
16. (a) Informant Oscar Nichols
(b) Address Dixon, Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 2-3-41 (Month) (Day) (Year)
(c) Place: burial or cremation Fox Crossing Cemetery
18. (a) Signature of funeral director Fred H. Gilbert
(b) Address Dixon, Mo.
19. (a) ..... (Date received local registrar) (b) A S Lick (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 2 day 2 year 1941 hour ..... minute 9:45 A.M.
21. I hereby certify that I attended the deceased from 1-20 1941 to 2-2 1941 that I last saw him alive on 1-20 1941 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Bronchial pneumonia	
Due to Pulmonary tuberculosis	
Due to	
Other conditions (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 G. Miller M.D. (M. D. or other) 0
Address Dixon, Mo Date signed 2-6-41

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 5,
District File Number 341358
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
2-2-1941, Registered Apprentice No.
working under my personal supervision.

Signed Fred D. Gellert
Licensed Embalmer No. 2347
P. O. Address Dixon Me

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

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