

No. 2
4-13-40
5-17-39
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FILED JUN 18 1941

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 18022

Registration District No. 398

Primary Registration District No. 3019

Registrar's No. 137

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

1. PLACE OF DEATH:

(a) County JACKSON

(b) City or town INDEPENDENCE

(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 _____

In this community OVER - 40 YRS (Specify whether years, months or days)

3. (a) PRINT FULL NAME BENJAMIN Nichols

3. (b) If veteran, name war NO.

3. (c) Social Security No. NO.

4. Sex Male 5. Color or race Negro

6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife EMMA Nichols

6. (c) Age of husband or wife if alive Dead years

7. Birth date of deceased Oct. 12 1858

8. AGE: Years 82-YRS. Months 7 Days 2 If less than one day hr. _____ min.

9. Birthplace Columbia Mo. (City, town, or county) (State or foreign country) 0

10. Usual occupation LABORER

11. Industry or business _____

MOTHER FATHER {

12. Name UNKNOWN

13. Birthplace UNKNOWN (City, town, or county) (State or foreign country) 9 UNKNOWN

14. Maiden name UNKNOWN

15. Birthplace UNKNOWN (City, town, or county) (State or foreign country) 9 UNKNOWN

16. (a) Informant EMMETT Sage

(b) Address 430 W. Mill St.

17. (a) BURIAL (Burial, cremation, or removal)

(b) Date thereof May 20 41 (Month) (Day) (Year)

(c) Place: burial or cremation Woodlawn Cem. City of Ind.

18. (a) Signature of funeral director W. H. Lawrence

(b) Address 312 - E Lexington Ind. Op. Co.

19. (a) May 20 1941 (Date received local registrar)

(b) W. H. Lawrence (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State MO

(b) County Jackson

(c) City or town Independence

(d) Street No. 507 W. Mill (If rural, give location)

(e) If foreign born, how long in U. S. A.? 0 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 14-41 year 1941 hour 19 minute 10 P.M.

21. I hereby certify that I attended the deceased from May 14 1941 to May 14 1941; that I last saw him alive on May 13 1941; and that death occurred on the date and hour stated above.

Immediate cause of death Mitral insufficiency Duration _____

Due to _____

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? 360

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

23. Signature W. H. Lawrence (M. D. or other) _____

Address Indy, Mo Date signed 5-16-41

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. Harris, Sr.

Licensed Embalmer No. *3588*

P. O. Address *K. E. 240*

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.