

No. 2  
390

FILED FEB 27 1943

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

1. PLACE OF DEATH:  
(a) County Cole  
(b) City or town Jefferson City  
(c) Name of hospital or institution Central Trust Bldg. 2  
(d) Length of stay: In hospital or institution 4 yrs.  
In this community 4 yrs.

2. USUAL RESIDENCE OF DECEASED:  
(a) State Missouri (b) County Cole 26  
(c) City or town Rural Centerton  
(d) Street No. 1 1/2 miles south Centerton  
(e) Citizen of foreign country? No

3. (a) PRINT FULL NAME Pauline Delores Nichols  
(b) If veteran, name war \_\_\_\_\_ (c) Social Security No. \_\_\_\_\_

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month Jan day 16 year 1942 hour 3:00 Pm minute 25 M.  
21. I hereby certify that I attended the deceased from Jan 14 24 to Jan 16 1942  
that I last saw her alive on Jan 14 and that death occurred on the date and hour stated above.

4. Sex Fe 5. Color or race Wh 6. (a) Single, widowed, married, divorced Child  
6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

Immediate cause of death Pneumonia Duration \_\_\_\_\_  
both lungs; confirmed by x-ray  
Due to Cold - Infection

7. Birth date of deceased October 23 1937  
(Month) (Day) (Year)

Due to \_\_\_\_\_  
Other conditions Menigitis  
(Include pregnancy within 3 months of death)

8. AGE: Years 4 Months 2 Days 23 If less than one day hr. \_\_\_\_\_ min. \_\_\_\_\_

Major findings:  
Of operations \_\_\_\_\_  
Of autopsy \_\_\_\_\_  
PHYSICIAN \_\_\_\_\_  
Underline the cause to which death should be charged statistically.

9. Birthplace Cole County Mo. 1  
(City, town, or county) (State or foreign country)  
10. Usual occupation Child  
11. Industry or business \_\_\_\_\_

MOTHER FATHER { 12. Name Elywood Nichols  
13. Birthplace Missouri County Mo. 1  
14. Maiden name Frances Robinson  
15. Birthplace Wiley County Mo. 5  
16. (a) Informant Elywood Nichols  
(b) Address Centerton, Mo. Rt. 1  
17. (a) Burial (b) Date thereof 1-18-42  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation Wilkerson Hill  
18. (a) Signature of funeral director Frances Devore  
(b) Address 700 Jefferson  
19. (a) Jan 17 1942 (b) Norme Richter  
(Date received local registrar) (Registrar's signature)

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 J. S. Summers (M. D. of office) \_\_\_\_\_  
Address Jefferson Co Mo Date signed 1/17/42

*Dr. Surman*

*Milford*

**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

*L. H. Anderson*

Licensed Embalmer No. *3641*

P. O. Address *20 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, fact should be so stated above.**

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. 6400  
Registrar's No. \_\_\_\_\_

Registration District No. 213 Primary Registration District No. 3014

1. PLACE OF DEATH:

(a) County Cal  
(b) City or town Jefferson City  
(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  
In this community \_\_\_\_\_  
years, months or days)

3. (a) PRINT FULL NAME Pauline L. Nichols

3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_

4. Sex F 5. Color or race W 6. (a) Single, widowed, married, divorced S

6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased Oct 23 1937  
(Month) (Day) (Year)

8. AGE: Years 4 Months 2 Days \_\_\_\_\_ (If less than one day \_\_\_\_\_ min.)

9. Birthplace \_\_\_\_\_ (City, town, or county) (State or foreign country)

10. Usual occupation \_\_\_\_\_

11. Industry of business \_\_\_\_\_

12. Name \_\_\_\_\_

13. Birthplace \_\_\_\_\_ (City, town, or county) (State or foreign country)

14. Maiden name \_\_\_\_\_ (State or foreign country)

15. Birthplace \_\_\_\_\_ (City, town, or county) (State or foreign country)

16. (a) Informant \_\_\_\_\_

(b) Address \_\_\_\_\_

17. (a) \_\_\_\_\_ (b) Date thereof \_\_\_\_\_  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation \_\_\_\_\_

18. (a) Signature of funeral director \_\_\_\_\_

(b) Address \_\_\_\_\_

19. (a) \_\_\_\_\_ (b) \_\_\_\_\_  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State \_\_\_\_\_ (b) County \_\_\_\_\_  
(c) City or town \_\_\_\_\_  
(If outside city or town limits, write "RURAL.")  
(d) Street No. \_\_\_\_\_  
(If rural, give location)  
(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day \_\_\_\_\_  
year 1942 hour \_\_\_\_\_ minute \_\_\_\_\_ M.

21. I hereby certify that I attended the deceased from \_\_\_\_\_, 19\_\_\_\_;  
that I last saw him/her alive on \_\_\_\_\_, 19\_\_\_\_;  
and that death occurred on the date and hour stated above.

Immediate cause of death \_\_\_\_\_

pneumonia meningitis

Due to Bronchial pneumonia

Due to no bacterial examination was made.

Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

JS Summers MD PHYSICIAN

Major findings: \_\_\_\_\_

Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

Duration

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 \_\_\_\_\_ (M. D. or other)

Address \_\_\_\_\_ Date signed \_\_\_\_\_

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

SUPPLEMENTARY

THE UNIVERSITY OF CHICAGO  
DEPARTMENT OF CHEMISTRY

1. The first part of the experiment involves the preparation of a standard solution of sodium chloride. This is done by weighing a precise amount of sodium chloride and dissolving it in a known volume of distilled water in a volumetric flask. The concentration of this solution is then determined by titrating it with a silver nitrate solution of known concentration. The endpoint of the titration is reached when a permanent precipitate of silver chloride is formed, which is indicated by the appearance of a white turbidity in the solution.

2. The second part of the experiment is the determination of the concentration of an unknown solution of sodium chloride. This is done by titrating a known volume of the unknown solution with the same silver nitrate solution used in the first part. The volume of silver nitrate solution required to reach the endpoint is measured, and the concentration of the unknown solution is calculated from the stoichiometry of the reaction.

3. The third part of the experiment is the determination of the concentration of an unknown solution of sodium chloride by the gravimetric method. This is done by weighing a precise amount of the unknown solution and evaporating it to dryness in a pre-weighed crucible. The weight of the residue left behind is then measured, and the concentration of the unknown solution is calculated from the weight of the sodium chloride residue.