S. No. 2
M—9-4-41
v. 5-17-39
I X29484

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED AUG 17 1942

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 24235

Registration District No. 26-6100 Primary Registration District No. 4164 Registrar's No. 32

33
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:

(a) County Dent

(b) City or town Salem
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: x /
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution x (Specify whether
In this community most of her life
years, months or days)

2. USUAL RESIDENCE OF DECEASED: 33

(a) State Missouri (b) County Dent /

(c) City or town Salem /
(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 0

3. (a) PRINT FULL NAME Elizabeth Jane Nichols

3. (b) If veteran, name war x

3. (c) Social Security No. x

4. Sex female /

5. Color or race W

6. (a) Single, widowed, married, divorced widowed 2

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

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

7. Birth date of deceased June (Month) 22 (Day) 1852 (Year)

8. AGE: Years 89 Months 10 Days 12 If less than one day hr. min.

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

10. Usual occupation housewife

11. Industry or business x no record

FATHER
12. Name no record
13. Birthplace 4
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name no record
15. Birthplace 4
(City, town, or county) (State or foreign country)

16. (a) Informant Marie Butler
(b) Address Salem Mo

17. (a) burial (Burial, cremation, or removal) (b) Date thereof 5/8/42 (Month) (Day) (Year)
(c) Place: burial or cremation Cedar Grove

18. (a) Signature of funeral director [signature]
(b) Address Salem Mo

19. (a) 5-5-42 (Date received local registrar) (b) [signature] (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 3
year 1942 hour 8 minute 30 P M.

21. I hereby certify that I attended the deceased from Jan 1. 1928, 19..., to May 3, 1942, that I last saw her alive on May 3, 1942 and that death occurred on the date and hour stated above.

Immediate cause of death Chronic Myocarditis — Duration 15 yrs.

Due to 938

Due to

Other conditions Senility
(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 L. H. Hunt (M. D. or other)
Address Salem. Mo Date signed 5/5/42

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(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No 8
District File Number 7425-65-
Date Filed 8-14-42

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 Wm. W. McDonald

Licensed Embalmer No. 3806

P. O. Address Salem, 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.