S. No. 2
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED AUG 26 1942

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 28222

Registration District No. 784 Primary Registration District No. 200 Registrar's No. 1678

1. PLACE OF DEATH:

(a) County St. Louis LEMAY
(b) City or town (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Mt. Rose Sanatarium O
(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)

2. USUAL RESIDENCE OF DECEASED: 64

(a) State Missouri (b) County Marion 3
(c) City or town Hannibal (If outside city or town limits, write "RURAL") 1
(d) Street No. 3400a Market St. (If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country 1

3. (a) PRINT FULL NAME Alfred Chauncey Nichoales

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

4. Sex Male
5. Color or race White O
6. (a) Single, widowed, married, divorced Married 1
6. (b) Name of husband or wife Helen Nichoales
6. (c) Age of husband or wife if alive 31 years
7. Birth date of deceased July (Month) 9 (Day) 1908 (Year)

8. AGE: Years 34 Months 0 Days 27 If less than one day hr. min.

9. Birthplace Truckston, (City, town, or county) Missouri (State or foreign country) O
10. Usual occupation Brakeman
11. Industry or business Walbash R. R.

FATHER
12. Name Alfred William Nichoales
13. Birthplace Little Town, (City, town, or county) Arkansas (State or foreign country) 1

MOTHER
14. Maiden name Eugle McCans
15. Birthplace Ashburn, (City, town, or county) Missouri (State or foreign country) O

16. (a) Informant Glen Nichoales
(b) Address 2600a S. Adams-Peoria, Ill.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 8/9/42 (Month) (Day) (Year)
(c) Place: burial or cremation Hannibal, Missouri
18. (a) Signature of funeral director Albert H. Hoppe Inc.
(b) Address 4700 Washington Ave.
19. (a) AUG 8 1942 (Date received local registrar) (b) G. McGovern M.D. (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 6th year 1942 hour 7 minute 55 P.M.

21. I hereby certify that I attended the deceased from June 8, 1942 to August 6, 1942 that I last saw him alive on August 6, 1942 and that death occurred on the date and hour stated above.

Immediate cause of death Pulmonary Tuberculosis — Miliary — Duration 8 mos

Due to

Due to

Other conditions Intestinal hemorrhage (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 H. W. Westerfield (M. D. or other) M.D.
Address 9101 S. Broadway Date signed 8/7/42

707 (Licensed Embalmer's Statement on Reverse Side)

AUG 26 1942

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.....

Licensed Embalmer No.....

P. O. Address.....

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.