

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. \_\_\_\_\_

FILED JAN - 6 1943

Registration District No. 20

Primary Registration District No. 4046

Registrar's No. 9

1. PLACE OF DEATH:

(a) County Boone  
(b) City or town Boone township Rural  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
5 Miles S.E. of Ashland Mo.  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_  
(Specify whether  
In this community Life years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Boone  
(c) City or town Rural  
(If outside city or town limits, write "RURAL")  
(d) Street No. 5 Miles S.E. of Ashland Mo.  
(If rural, give location)  
(e) Citizen of foreign country? no (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME

Herbert Nichols

3. (b) If veteran, name war \_\_\_\_\_

3. (c) Social Security No. \_\_\_\_\_

4. Sex Male 5. Color or race White  
(a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Mother Nichols 6. (c) Age of husband or wife if alive 67 years

7. Birth date of deceased Jan 30 1877  
(Month) (Day) (Year)

8. AGE: Years 65 Months 10 Days 10 If less than one day hr. min.

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

10. Usual occupation Farmer

11. Industry or business

12. Name Harold Nichols

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

14. Maiden name Mary Stinson

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

16. (a) Informant Mother Nichols  
(b) Address Hartsburg Mo

17. (a) Funeral (b) Date thereof 12/12/42  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation W.T. Pleasant Ch.

18. (a) Signature of funeral director W. C. Buehler  
(b) Address Ashland Mo.

19. (a) 12/12/42 (b) R. W. Vrenger  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 10 year 1942 hour 4 minutes 30 P. M.

21. I hereby certify that I attended the deceased from 3/4 - 1941 to 12/10 1942  
that I last saw in alive on 12/9 1942  
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary disease Duration \_\_\_\_\_

Due to arteriosclerosis

Due to and hypertension

Other conditions (include pregnancy within 3 months of death)

g4a

Major findings: Of operations \_\_\_\_\_

Of autopsy none

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 W. P. Megee (M. D. or other) \_\_\_\_\_  
Address Hartsburg Date signed 12/13/42

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

copies  
-193  
1/18/43

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 Me

Registered Apprentice No. \_\_\_\_\_

working under my personal supervision.

STOL 8 1 NVE

Signed W<sup>m</sup> C. Burnett

Licensed Embalmer No. 3564

P. O. Address Ashland 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.