

S. No. 2
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

FILED JAN 21 1943

Registration District No. 360

Primary Registration District No. 3076

Registrar's No. 191

108
2
WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH

(a) County Vernon

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

(c) Name of hospital or institution: 528 E Maple 1
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 22 yrs (Specify whether years, months or days)

In this community 22 yrs (Specify whether years, months or days)

3. (a) PRINT FULL NAME Charley Richard Nichols

3. (b) If veteran, name war no

3. (c) Social Security No.

4. Sex Male

5. Color or race white

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

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

6. (c) Age of husband or wife if alive 52 years

7. Birth date of deceased March 14, 1885
(Month) (Day) (Year)

8. AGE: Years 57 Months 9 Days 15 If less than one day hr. min.

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

10. Usual occupation yard work

11. Industry or business

12. Name Fredrick E. Nichols

13. Birthplace Unknown - Miss.
(City, town, or county) (State or foreign country)

14. Maiden name Mary Weed

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

16. (a) Informant Edith Richards

(b) Address Nevada, Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 1943-43
(Month) (Day) (Year)

(c) Place: burial or cremation See Woodlawn

18. (a) Signature of funeral director Ward Eichinger

(b) Address Nevada, Mo

19. (a) Dec 31, 1942 (Date received local registrar) (b) Elizabeth Breckenridge (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Vernon

(c) City or town Nevada, Mo
(If outside city or town limits, write "RURAL")

(d) Street No. 528 E Maple
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)
If yes, name country 0

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 29
year 1942 hour 11 minute 10 A.M.

21. I hereby certify that I attended the deceased from Jan 1 - 42
Jan 1 1942 to Dec 29 1942;
that I last saw him alive on 12/29 1942;
and that death occurred on the date and hour stated above.

Immediate cause of death Chronicity of R. G. Wills + S. W. Wills

Due to W. W. Wills

Due to 1

Other conditions (Include pregnancy within 3 months of death) 552

Major findings: Of operations

Of autopsy no

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) (c) Means of injury _____

23. Signature J. W. Wills (M. D. or other) _____
Address Nevada, Mo Date signed 12/29/42

1231

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 71
District File Number 12-42-1490
Date Filed 1-15-43

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.....
....., Registered Apprentice No.....
working under my personal supervision.

Signed *Mark Eichinger*
Licensed Embalmer No. *2636*
P. O. Address *Nevada, 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.