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Rev. 5-17-39
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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 JUN 12 1943

Registration District No. 38

Primary Registration District No. 3006-5120

Registrar's No. 124

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

1. PLACE OF DEATH:

(a) County Boone

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

(c) Name of hospital or institution:
609 Mt Vernon
(If not in hospital or institution, write street number or location)

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

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Boone

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

(d) Street No. 609 Mt Vernon St
(If rural, give location)

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

3. (a) PRINT FULL NAME Willie Nichols

3. (b) If veteran, name war x

3. (c) Social Security No. x

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 9th
year 1943 hour 9 minute 11 A. M.

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

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

7. Birth date of deceased June 14 1872
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from May 9 1943, to May 9 1943 that I last saw her alive on May 9 1943 and that death occurred on the date and hour stated above.

8. AGE: Years 70 Months 10 Days 25 If less than one day hr. min.

Immediate cause of death Hemiplegia

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

Due to Hypertension

10. Usual occupation House wife

Due to 83d

11. Industry or business " "

12. Name New Burnette

Other conditions (Include pregnancy within 3 months of death)

13. Birthplace St John New Brunswick Ky or in Kentucky
(City, town, or county) (State or foreign country)

14. Maiden name Margaret Bullard

Major findings: Of operations none

15. Birthplace Boone Co Mo
(City, town, or county) (State or foreign country)

16. (a) Informant Hessie Nichols

Of autopsy none

(b) Address 609 Mt Vernon St

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 5-11-1943
(Month) (Day) (Year)

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) _____

(b) Date of occurrence _____

(c) Place: burial or cremation New Salem

18. (a) Signature of funeral director R. [unclear]

(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? _____

(b) Address Columbia Mo

19. (a) 5-10-43 (Date received local registrar) (b) Edna H. Durbin (Registrar's signature)

While at work? _____ (Specify type of place)

(e) Means of injury _____

23. Signature J. C. Suggitt (M.D. or other M.D.)
Address Columbia, Mo Date signed 5-10-43

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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.....

T. O'Connell

Licensed Embalmer No. *3183*

P. O. Address..... *Columbia*

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.