

FILED MAY 10 1944

Registration District No. 387

Primary Registration District No. 5979

Registrar's No. 6

1. PLACE OF DEATH

(a) County Polk
 (b) City or town Brighton, Missouri Rural
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: Looney Bur
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 1
 (Specify whether years, months or days) all her life

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Polk 84
 (c) City or town Brighton, Mo. Rural
 (If outside city or town limits, write "RURAL")
 (d) Street No. Rural Route no. 1
 (If rural, give location)
 (e) Citizen of foreign country? no. (Yes or No)
 If yes, name country 0

3. (a) PRINT FULL NAME ORLENA A. NICHOLAS

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

4. Sex FEMALE 5. Color or race white 6. (a) Single, widowed, married, divorced married
 6. (b) Name of husband or wife William H. Nicholas 6. (c) Age of husband or wife if alive 84 years
 7. Birth date of deceased Jan 11 1863
 (Month) (Day) (Year)

8. AGE: Years 81 Months 3 Days 13 If less than one day _____ hr. _____ min.

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

MOTHER FATHER

10. Usual occupation Housewife
 11. Industry or business _____
 12. Name Wm & Burnes
 13. Birthplace Georgia
 (City, town, or county) (State or foreign country)
 14. Maiden name Parrish
 15. Birthplace Polk County Missouri
 (City, town, or county) (State or foreign country)

16. (a) Informant Orlena Nicholas
 (b) Address Brighton, Mo.
 17. (a) Burial (b) Date thereof 4 28 44
 (Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation 4/28/44 Brighton Cemetery
 18. (a) Signature of funeral director Hutcherson and Co
 (b) Address Bolivar Mo.
 19. (a) Apr 28 1944 (b) Willard Dickinson
 (Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 4 day 24
 year 1944 hour 9 a.m. minute _____ A.M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;
 that I last saw her alive on 4-24-44, 19____,
 and that death occurred on the date and hour stated above.

Immediate cause of death stroke of Apoplexy

Due to _____
 Due to _____
 Other conditions 83a!
 (Include pregnancy within 3 months of death)

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

Major findings:
 Of operations _____
 Of autopsy _____

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 W.A. Nicholas (M.D. or other)
 Address Brighton, Mo. Date signed 4-25-44

632

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

JUN 24 1944

RECEIVED

District Health Officer No. 7.6

District File Number 4-44-537

Date Filed 5-9-44

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.