

No. 2  
A-2-43  
5-17-39  
X33397

FILED AUG 16 1944

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

Registration District No. 277

Primary Registration District No. 3057

Registrar's No. 47

1. PLACE OF DEATH:

(a) County Ray Co. Mo.

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

(c) Name of hospital or institution: None  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution None  
(Specify whether years, months or days)

In this community Four Years  
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Ray

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

(d) Street No. 114 Grandview - Richmond Mo.  
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)  
If yes, name country U.S.A.

3. (a) PRINT FULL NAME Hattie Belle Nicholson

3. (b) If veteran, name war none

3. (c) Social Security No. none

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 31st.  
year 1944 hour 1 minute 40A — M.

4. Sex Female 5. Color or race White

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

6. (b) Name of husband or wife J.A. Nicholson Alive 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased Sept. 25 th. 1871.  
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from July 28, 1944, to July 31, 1944, that I last saw her alive on July 31, 1944, and that death occurred on the date and hour stated above.

8. AGE: Years 73 Months 10 Days 6 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

Immediate cause of death Coronary Thrombosis Duration 2 wks.

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

Due to Arterio Sclerosis

10. Usual occupation House Wife

Due to \_\_\_\_\_

11. Industry or business \_\_\_\_\_

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

12. Name A. J. Oudarkirk

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

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

Of autopsy \_\_\_\_\_

14. Maiden name Elizabeth Jane Hamilton

PHYSICIAN \_\_\_\_\_

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

Underline the cause to which death should be charged statistically.

16. (a) Informant William Marshall

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

(b) Address Richmond, Mo.

(a) Accident, suicide, or homicide (specify) \_\_\_\_\_

17. (a) Burial (b) Date thereof 8-2-44.  
(Burial, cremation, or removal) (Month) (Day) (Year)

(b) Date of occurrence \_\_\_\_\_

(c) Place: burial or cremation Richmond, Mo.

(c) Where did injury occur? (City or town) (County) (State) \_\_\_\_\_

18. (a) Signature of funeral director J. J. Brothers

(d) Did injury occur in or about home, on farm, in industrial place, in public place? \_\_\_\_\_

(b) Address Richmond, Mo.

While at work (Specify type of place) \_\_\_\_\_ (e) Means of injury \_\_\_\_\_

19. (a) July 31, 1944 (Date received local registrar) (b) Ma (Brook) Shipp (Registrar's signature)

Signature W. G. Gains (M. D. or other) M.D.  
Address Richmond, Mo. Date signed 7-31-44

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

MOTHER FATHER

1280

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED

District Health Officer No. 8,

District File Number

Date Filed

8-14-44

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

J.B. Brothens

Registered Apprentice No.

working under my personal supervision.

Brothers Funeral Home

Signed

*J.B. Brothens*

Licensed Embalmer No. 3001.

P. O. Address Richmond, 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.