

FILED JAN 22 1945

Registration District No. 42

Primary Registration District No. 1000

Registrar's No. 17

1. PLACE OF DEATH:  
(a) County Buchanan  
(b) City or town St. Joseph  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution Massouri Methodist Hospital  
(If not in hospital or institution, write street number of location)  
(d) Length of stay: In hospital or institution 4 days (Specify whether years, months or days)  
In this community 4 days

2. USUAL RESIDENCE OF DECEASED:  
(a) State Mo (b) County Buchanan  
(c) City or town St. Joseph  
(If outside city or town limits, write "RURAL")  
(d) Street No. 321 North 9th  
(If rural, give location)  
(e) Citizen of foreign country? Prior to 6 mo. ago at Burlington Jct. Mo. (Yes or No)  
If yes, name country 0

3. (a) PRINT FULL NAME LUVANTA NICHOLAS  
3. (b) If veteran, name war —  
3. (c) Social Security No. —

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month Jan, day 8, year 1945, hour 1, minute 10a, M.  
21. I hereby certify that I attended the deceased from Jan 1, 1945, to Jan 8, 1945, that I last saw her alive on Jan 7, 1945, and that death occurred on the date and hour stated above.

4. Sex F 5. Color or race W 6. (a) Single, widowed, married, divorced Widowed  
6. (b) Name of husband or wife William Elisha Nicholas 6. (c) Age of husband or wife if alive 17 years  
7. Birth date of deceased Apr. 17 1860  
(Month) (Day) (Year)

Immediate cause of death Coronary occlusion  
Duration 48 hr

8. AGE: Years 84 Months 8 Days 22 If less than one day hr. min.

Due to Heart see cert below W

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

Due to —

10. Usual occupation Housewife

Other conditions Sciatica + Cholecystitis was  
(Include pregnancy within 3 months of death)

11. Industry or business  
12. Name Darius Ferguson  
13. Birthplace Kentucky  
(City, town, or county) (State or foreign country)  
14. Maiden name Catherine L. Kinder  
15. Birthplace Kentucky  
(City, town, or county) (State or foreign country)

PHYSICIAN  
Major findings:  
Of operations W  
Of autopsy W  
Underline the cause to which death should be charged statistically.

16. (a) Informant William E. Nicholas  
(b) Address Burlington Jct. Mo  
17. (a) Darius Ferguson (b) Date thereof Jan 10 1945  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation Ohio Cemetery B.J. Mo  
18. (e) Signature of funeral director Price Funeral Home  
(b) Address Maryville Mo  
19. (a) 1-10-45 (b) Delbert S. Pehle  
(Date received local registrar) (Registrar's signature)

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) (e) Means of injury —  
While at work? —  
23. Signature Dr. Darius Ferguson (M. D. or other) MD  
Address St. Joseph Mo Date signed 1-9-45

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

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**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..... *John W. Price* .....

Licensed Embalmer No: *4281* .....

P. O. Address: *Maryville 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.**