

U.S. No. 2
DOM-5-43
REV. 5-17-39
W I X36671

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

Co. patient
State File No. **27960**
Registrar's No. **366**

FILED SEP 14 1946
Registration District No. **279**

Primary Registration District No. **3052**

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

1. PLACE OF DEATH:
 (a) County **Pettis**
 (b) City or town **Sedalia**
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
Bothwell Hospital
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution **20 days**
(Specify whether years, months or days)
 In this community **60 years**

3. (a) PRINT FULL NAME **William Russell Nichols**
 3. (b) If veteran, name war **none**
 3. (c) Social Security No. **none**

4. Sex **Male**
 5. Color or race **white**
 6. (a) Single, widowed, married, divorced **widower**
 6. (b) Name of husband or wife **Minnie Gabereal Nichols**
 6. (c) Age of husband or wife if alive **years**
 7. Birth date of deceased **May 9 1871**
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
75	75	3	21	hr. _____ min.

9. Birthplace **Saline Co. Missouri**
(City, town, or county) (State or foreign country)
 Usual occupation **farmer**

11. Industry or business **Francis M. Nichols**

12. Name **Francis M. Nichols**
 13. Birthplace **Unknown Kentucky**
(City, town, or county) (State or foreign country)

14. Maiden name **Maggie Raines**
 15. Birthplace **Pettis Co. Missouri**
(City, town, or county) (State or foreign country)

16. (a) Informant **L. H. Nichols**
 (b) Address **Marshall, Mo. Rt. #1**

17. (a) **Burial**
(Burial, cremation, or removal)
 (b) Date thereof **Sept. 1, 1946**
(Month) (Day) (Year)
 (c) Place: burial or cremation **Millers Chapel Cem.**

18. (a) Signature of funeral director **Dorane Ewing**
 (b) Address **Sedalia, Mo.**

19. (a) **9/1/46**
(Date received local registrar)
 (b) **Betty Yeager**
(Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
 (a) State **Missouri** (b) County **Saline 97**
 (c) City or town **Rural-Nelson Rt. #2**
(If outside city or town limits, write "RURAL")
 (d) Street No. **Rt. #2 Nelson**
(If rural, give location)
 (e) Citizen of foreign country? **No** (Yes or No)
 If yes, name country _____

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month **AUG.** day **30**
 year **1946** hour **5** minute **30 P.**M.

21. I hereby certify that I attended the deceased from **11**
August 1946 to **Aug 30 1946**
 that I last saw him alive on **Aug 30 1946**
 and that death occurred on the date and hour stated above.

Immediate cause of death **Cerebral hemorrhage**
Hyper tension

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

Major findings:
 Of operations **830**
 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?

While at work? _____
(Specify type of place)
 (e) Means of injury _____

23. Signature **D. Ewing** (M. D. or other) **M. D.**
 Address **Sedalia, Mo.** Date signed **Sept 1 1946**

RECEIVED

District Health Officer No. 8,

District File Number _____

Date Filed 7-14-46

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 Duane Ewing

Licensed Embalmer No. 3844

P. O. Address Seaside 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.