

Registration District No. 322

Primary Registration District No. 3071

Registrar's No. 39

1. PLACE OF DEATH:

(a) County Saline
(b) City or town Slater
(c) Name of hospital or institution 521 Blackstone St
(d) Length of stay: In hospital or institution No
In this community Life

3. (a) PRINT FULL NAME Maggie Mauretta Nichols

3. (b) If veteran, name war
3. (c) Social Security No. 498-22-9718

4. Sex F 5. Color or race Col
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Luther Nichols
6. (c) Age of husband or wife if alive 41 years
7. Birth date of deceased March 28 1911

8. AGE: Years 36 Months 8 Days 10
If less than one day hr. min.

9. Birthplace Saline County MO
(City, town, or county) (State or foreign country)

10. Usual occupation Mail

11. Industry or business

MOTHER, FATHER { 12. Name Henry Banks
13. Birthplace Mo.
14. Maiden name Florida Hill
15. Birthplace Mo.

16. (a) Informant Luther Nichols
(b) Address Slater Mo

17. (a) Burial (b) Date thereof 12-11-47
(c) Place: burial or cremation Slater Mo

18. (a) Signature of funeral director Hill Bros
(b) Address Slater Mo

19. (a) 12-30-47 (b) Mrs. Earl C. Bretz
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Saline 97
(c) City or town Slater
(d) Street No. 521 Blackstone St
(e) Citizen of foreign country? No

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 8th
year 1947 hour 3 minute 10 A.M.

21. I hereby certify that I attended the deceased from 12-30
1946 to 12-8 1947
that I last saw h.c.r. alive on 12-8 1947
and that death occurred on the date and hour stated above.

Immediate cause of death
Cerebro-vascular accident 4 hrs
Duration

Due to Syphilitic Aortitis ?
Due to
Other conditions
Major findings: Of operations 502
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(c) Accident, suicide, or homicide (specify)
(b) Date of occurrence
(c) Where did injury occur?
(d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work? (Specify type of place) Means of injury
23. Signature J. W. [Signature] (M. D. or other) M.D.
Address Slater Mo Date signed 12-9-47

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

97
2
1

RECEIVED

District Health Officer No. 8,

District File Number _____

Date Filed 1-9-48

AUG 28 1957

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 Sam M. Hill

Licensed Embalmer No. 1292

P. O. Address Slater 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.