

No. 2
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED FEB 28 1948

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **5936**
Registrar's No. _____

Registration District No. **315**

Primary Registration District No. **6066**

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

1. PLACE OF DEATH:

(a) County **ST. CHARLES**

(b) City or town **ROSCOE MO. R.R. rural**
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: _____
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution **HOME**
(Specify whether years, months or days)

In this community **LIFETIME**

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Cedar**

(c) City or town **ROSCOE MO. R.R.**
(If outside city or town limits, write "RURAL")

(d) Street No. _____ (If rural, give location)

(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME **FANNIE ANN NICHOLAS**

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

4. Sex **FE** / 5. Color or race **White**

6. (a) Single, widowed, married, divorced **WIDOWED**

6. (b) Name of husband or wife _____

6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased **9-29-1877**
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
70	3	29	hr. min.

9. Birthplace **MISSOURI**
(City, town, or county) (State or foreign country)

10. Usual occupation **HOUSE WIFE**

11. Industry or business **SELF**

12. Name **JOE GOODWIN**

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

14. Maiden name **EVANGELIN NICHOLAS**

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

16. (a) Informant **Daisy Lynch**

(b) Address **10th St, Mo.**

17. (a) **Burial** (b) Date thereof **1-30-48**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Love Cem.**

18. (a) Signature of funeral director **Wm. Carothers**

(b) Address **Charade Springs, Mo.**

19. (a) **1-31-1948** (b) **Wm. Seavers**
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Jan** day **28**
year **1948** hour **7** minute **P** M.

21. I hereby certify that I attended the deceased from **Jan 5** to **Jan 27**, 1948
that I last saw her alive on **Jan 22**, 1948
and that death occurred on the date and hour stated above.

Immediate cause of death **Initial Chronic**

Due to **Had Influenza**

Other conditions (Include pregnancy within 3 months of death) **None**

Major findings: Of operations **None**

Of autopsy **No**

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

(a) Accident, suicide, or homicide (specify) **None**

(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? **No Injury**

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

23. Signature **W. Richardson** (M. D. or other)

Address **W. Richardson** Date signed **1-31-48**

Duration _____

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

RECEIVED
District Health Officer No. 7,
District File Number 1-48-136
Date Filed 7-26-48

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.....

James E. Hackleman Registered Apprentice No. 44
working under my personal supervision.

Signed Floyd E. Carathus
Licensed Embalmer No. 4419

P. O. Address C. Woods Springs, 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.