

FILED MAR 16 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 9144

BIRTH NO. _____ REG. DIST. NO. 146 PRIMARY REG. DIST. NO. 3026 Registrar's No. 89

1. PLACE OF DEATH a. COUNTY Jackson		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE Missouri b. COUNTY Jackson	
b. CITY (If outside corporate limits, write RURAL and give township) TOWN Independence		c. CITY (If outside corporate limits, write RURAL and give township) TOWN Independence	
c. LENGTH OF STAY (In this place) 43 Years		d. STREET ADDRESS (If rural, give location) 1027 West Waldo	
d. FULL NAME OF HOSPITAL OR INSTITUTION Independence Sanitarium			

3. NAME OF DECEASED (Type or Print)		4. DATE OF DEATH (Month) (Day) (Year)	
a. (First) FLORA	b. (Middle) A.	c. (Last) NICHOLLS	
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH Jan. 20, 1870
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY	9. AGE (In years last birthday) 80
		11. BIRTHPLACE (State or foreign country) Hickory County, Missouri	12. CITIZEN OF WHAT COUNTRY U.S.A.

13a. FATHER'S NAME ? Latimer	13b. MOTHER'S MAIDEN NAME No Data	14. NAME OF HUSBAND OR WIFE William A. Nicholls
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No	16. SOCIAL SECURITY NO. none	17. INFORMANT'S SIGNATURE OR NAME Mrs. Lucille Dobson, Independence, Mo.

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Fracture left Femur		Fracture left Radius		4 days
ANTECEDENT CAUSES		MORIBUND CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (a) STATING THE UNDERLYING CAUSE LAST.		4 days
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.		DUE TO (b)		
		DUE TO (c)		
		II. OTHER SIGNIFICANT CONDITIONS		
		Conditions contributing to the death but not related to the disease or condition causing death.		

19a. DATE OF OPERATION 28 Feb 50	19b. MAJOR FINDINGS OF OPERATION Fracture left Femur 120	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21a. ACCIDENT SUICIDE HOMICIDE (Specify) accident	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) None	21c. CITY, TOWN, OR TOWNSHIP Independence Jackson Mo
21d. TIME OF INJURY	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? fell down at home

22. I hereby certify that I attended the deceased from 26 Feb, 1950, to 3 Mar, 1950, that I last saw the deceased alive on 2 Mar, 1950 and that death occurred at 4:55 Am., from the causes and on the date stated above.

23a. SIGNATURE J. Saunders MS O	23b. ADDRESS Independence	23c. DATE SIGNED 3-4-50
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 3/4/50	24c. NAME OF CEMETERY OR CREMATORY Woodlawn Cemetery
DATE REC'D BY LOCAL REG. March 4-1950		24d. LOCATION (City, town, or county) (State) Independence, Missouri
REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR'S SIGNATURE Roland R. Speaks, Independence, Mo.	ADDRESS

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

MAR 13 RECD

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.....

..... Student Embalmer No.

working under my personal supervision.

Student
Student Embalmer

Signed

Roland A. Sprenkle
.....
Licensed Embalmer No. 3604

P. O. Address Independence, Missou

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.