

REC'D JUL 17 1938

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

22253

Do not use this space.

1. PLACE OF DEATH

(a) County Lafayette Registration District No. 460
(b) Township Dover Primary Registration District No. 3623 Registered No. 30
(c) City Con-Home (d) Street No. _____
(If death occurred in Hospital or Institution, write its name instead of street and number) St.
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME James F. Nichols

(a) Residence, No. Confederate Stone, Mo. St. (If nonresident, give city or town and State)
(Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 19 Jan 1846

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
92 3 10

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. _____
9. Industry or business in which work was done, as saw mill, bank, etc. _____
10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) unknown13. NAME unknown14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) unknown15. MAIDEN NAME unk

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) _____

17. INFORMANT (ADDRESS) Bruce KirbyHigginsville, Mo.18. BURIAL, CREMATION, OR REMOVAL PLACE Con-Home DATE 30 April 193819. FUNERAL DIRECTOR (NAME) (ADDRESS) A. H. Hader
Higginsville, Mo.20. FILED June 23 1938 9 Mary Webb Local Registrar. 413

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Apr 30 193822. I HEREBY CERTIFY, That I attended deceased from Dec 13th 1936 to Apr 29 1938I last saw him alive on Apr 29 1938 Death is said to have occurred on the date stated above, at _____ m.

The principal cause of death and related causes of importance were as follows:

Cardiac failure
Chronic myocarditis

Date of onset
4-30-38
years

Other contributory causes of importance:

Arteriosclerosis
Senile psychosis

years
Jan. 1838

Name of operation none Date of _____
What test confirmed diagnosis? none Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? _____ Date of injury _____, 19____

Where did injury occur? _____ (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury _____
Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? no
If so, specify _____

(Signed) Ernest M. Moore, M. D.

(Address) Higginsville, Mo.

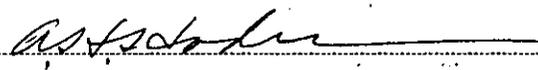
STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

....., or by **Forest Riekhof**

Registered Apprentice No. **3637**....., working under my personal supervision.

Signed.....



Licensed Embalmer No.

P. O. Address **Higginsville, Mo.**

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to with the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.