

AUG 10 1938

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

25000

Do not use this space.

## 1. PLACE OF DEATH

(a) County Boone Registration District No. 46  
(b) Township Ledar Primary Registration District No. 5710B Registered No. 14  
(c) City \_\_\_\_\_ (d) Street No. \_\_\_\_\_ St.  
(If death occurred in Hospital or Institution, write its name instead of street and number)  
(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

242  
Sallie Nichols  
(a) Residence, No. \_\_\_\_\_ 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 <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Widowed</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Anderson Nichols</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Jan 7 - 18 56</u>		
7. AGE	YEARS <u>84</u>	MONTHS <u>6</u>
	DAYS <u>6</u>	If LESS than 1 day, _____ hrs. or _____ min.
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) <u>Missouri</u>		
FATHER	13. NAME <u>William Wren</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Missouri</u>	
MOTHER	15. MAIDEN NAME <u>Elizabeth Nichols</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Missouri</u>	
17. INFORMANT (ADDRESS) <u>David Nichols</u> <u>Hartsburg MO</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Goshus</u> DATE <u>July 15 38</u>		
19. FUNERAL DIRECTOR (NAME) (ADDRESS) <u>Asplund, Hunt &amp; Ashgrove</u> <u>MO</u>		
20. FILED <u>815</u> <u>38</u> <u>A. O. Mearns</u> <u>27</u> (Address) <u>Hartsburg MO</u> Local Registrar		

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 13 1938  
22. I HEREBY CERTIFY THAT I attended deceased from Jan 31 1938 to July 13 1938  
I last saw her alive on July 13 1938. Death is said to have occurred on the date stated above, at 2:00 P.M.  
The principal cause of death and related causes of importance were as follows:

apoplexy & senility

Other contributory causes of importance:

senility

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_

What test confirmed diagnosis? Asplund Was there an autopsy? no23. 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) C. P. Mearns, M. D.(Address) Hartsburg 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.....

*W<sup>m</sup> E Burnett*....., Registered Apprentice No.....  
working under my personal supervision.

Signed..... *W<sup>m</sup> E Burnett*.....

Licensed Embalmer No. *35764*

P. O. Address *Ashland, 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, above space should be left blank.**