

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

32463  
Do not use this space.

OCT 19 1939

1. PLACE OF DEATH

(a) County Harrison Registration District No. 334

(b) Township Bethany Primary Registration District No. 4197 Registered No. 56

(c) City Bethany (d) Street No. Bethany Hospital St.

(If death occurred in Hospital or Institution, give its name instead of street and number)

(e) Length of residence in city or town where death occurred yrs. mos. da. 6 How long in U. S., if of foreign birth? yrs. mos. da.

2. PRINT FULL NAME Alice Nichols

(a) Residence, No. Bethany 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 Female

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 Thos Nichols - Deceased

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 4 - 1859

7. AGE YEARS MONTHS DAY If LESS than 1 day, hrs. or min.

80 2 13

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Housework

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) Sherman Twp Harrison Co Mo

FATHER

13. NAME Geo - W. Talbot

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Indiana

MOTHER

15. MAIDEN NAME Sarah Jane Noall

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

17. INFORMANT (ADDRESS) Russel Hale Bethany Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Antioch Cemetery Sept. 20, 1939

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Joe E. Wheeler Bethany Mo

20. FILED 9-23-1939 A. P. Wessling Local Registrar

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept 17, 1939

22. I HEREBY CERTIFY, That I attended deceased from August 17, 1939, to Sept 17, 1939

I last saw her alive on Sept 17, 1939 Death is said to have occurred on the date stated above, at 5:15 p.m.

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

Chronic Myocarditis

Date of onset 1934

Other contributory causes of importance:

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) W. F. Boyles M. D.

(Address) Bethany Mo

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

MARGIN RESERVED FOR BINDING

5096-1-12-38 I X14028

RECEIVED

District Health Officer No. 117

1039-1292

OCT 13 1938

**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, .....

*Joe E. Wheeler*

....., or by .....

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

Signed.....

*Joe E. Wheeler*

Licensed Embalmer No. *3512*

P. O. Address *Bethany 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.**