FILED MAR 14 1940

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

8270
Do not use this space.

1. PLACE OF DEATH
(a) County Schuyler
(b) Township
(c) City Lancaster
Registration District No. 805
Primary Registration District No. 4484
Registered No. 78
(d) Street No. 26 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.
94

2. PRINT FULL NAME John Arthur Nichols
(a) Residence, No. Lancaster, Mo. St.
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: white
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June, 3, 1878

7. AGE: Years 61 | Months 8 | Days 6 | 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. day laborer
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) Millington, Ill

FATHER
13. NAME Daniel Nichols
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) New York

MOTHER
15. MAIDEN NAME Sarah Woods
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Not known

17. INFORMANT Mrs. Sophia Nichols
(ADDRESS) Lancaster, Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE I. O. O. F. Lancaster DATE Feb. 11, 1940
Lancaster, Mo.

19. FUNERAL DIRECTOR (NAME) Moreheads'
(ADDRESS) Lancaster, Mo.

20. FILED Feb 12 1940 Byrdie M. Drake Deputy Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb 9, 1940

22. I HEREBY CERTIFY, That I attended deceased from Feb 4, 1940, to Feb 9, 1940
I last saw him alive on Feb 8, 1940 Death is said to have occurred on the date stated above, at 6 30 a.m.
The principal cause of death and related causes of importance were as follows:

Chronic Myocarditis — Date of onset
AZC

Other contributory causes of importance:
"Flu"

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy?

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) R. E. Vaughn, M. D.
(Address) Lancaster, Mo.

(Licensed Embalmer's Statement on Reverse Side)

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.

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RECEIVED
District Health Officer No. 10
District File Number 3-40-580
Date Filed MAR 8 1940

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, ...

TRUE & MINNIE MOREHEAD, or by .....,

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

Signed.....

Licensed Embalmer No. 3731-3680

P. O. Address Lancaster, 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.