FILED APR 18 1940

S. No. 2
—11-10-39
v. 5-17-39
I X21492

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

10003

State File No.

Registration District No. 4 Primary Registration District No. 3001 Registrar's No. 54

1
2
2

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

1. PLACE OF DEATH:

(a) County Adair

(b) City or town Kirksville Mo
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: V
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether)

In this community JAMES NICHOLAS
years, months or days all of life

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Adair

(c) City or town Kirksville
(If outside city or town limits, write "RURAL")

(d) Street No. 708 E. Patterson
(If rural, give location)

(e) If foreign born, how long in U. S. A.? years.

3. (a) PRINT FULL NAME JAMES NICHOLAS

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex M

5. Color or race W.

6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife Ida

6. (c) Age of husband or wife if alive no years

7. Birth date of deceased April (Month) 15 (Day) 1882 (Year)

8. AGE: Years 57. Months 10 Days 21. If less than one day hr. min.

9. Birthplace Adair Co (City, town, or county) Mo. (State or foreign country)

10. Usual occupation Transfer

11. Industry or business Refrigerator Lines

FATHER
12. Name Geo Nicholas
13. Birthplace Adair Co (City, town, or county) Mo. (State or foreign country)

MOTHER
14. Maiden name Francis Willard
15. Birthplace Adams Co. (City, town, or county) Ill (State or foreign country)

16. (a) Informant Francis Trent
(b) Address Kirksville Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Mar 8, 1940 (Month) (Day) (Year)
(c) Place: burial or cremation Highland Park

18. (a) Signature of funeral director W. C. Summers
(b) Address Kirksville Mo

19. (a) 3-15-40 (Date received local registrar) (b) Spencer L. Freeman (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Mar day 6, year 1940 hour 8 minute 00 P M.

21. I hereby certify that I attended the deceased from Jan 1 1940 March 6, 1940, to , 19 ; that I last saw him alive on March 6, 1940; and that death occurred on the date and hour stated above.

Immediate cause of death Angina Pectoris

Due to

Due to 94 W

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify)

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? (Specify type of place)

3 While at work? (e) Means of injury 3

23. Signature O. L. Martin (M. D. or other) D.O.

Address Kirksville Mo Date signed 3/16/40

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 10
District File Number 4-40-870
Date Filed APR 16 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, or by ....., Registered Apprentice No. ..... working under my personal supervision.

Signed W. C. Summers

Licensed Embalmer No. 2159

P. O. Address Kirksville 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.