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10-39  
-39  
K21492

FILED MAY 9 1940  
Registration District No. 618

Primary Registration District No. 5820

State File No.

Registrar's No. 4

1. PLACE OF DEATH:

2. USUAL RESIDENCE OF DECEASED:

(a) County Nodaway  
(b) City or town Rural  
(c) Name of hospital or institution  
3 mi. South East of Burlington Jct. Mo  
(d) Length of stay: In hospital or institution  
In this community 54 yrs.

(a) State Mo. (b) County Nodaway  
(c) City or town Burlington Jct. (Rural)  
(d) Street No. 3 mi S.E.  
(e) If foreign born, how long in U. S. A.?

3. (a) PRINT FULL NAME ANNA ELIZA NICHOLAS

MEDICAL CERTIFICATION

3. (b) If veteran, name war name  
3. (c) Social Security No.

20. DATE OF DEATH: Month Apr. day 13  
year 1940 hour 5 minute 40 a.m.

4. Sex F. 5. Color or race W.

21. I hereby certify that I attended the deceased from Jan 15  
1940 to April 13 1940  
that I last saw her alive on April 11 1940  
and that death occurred on the date and hour stated above.

6. (b) Name of husband or wife Henry Albert Nicholas  
7. Birth date of deceased Sept 1st 1859

Immediate cause of death  
Chr Endocarditis  
Chr Myocarditis

8. AGE: Years 80 Months 7 Days 12  
If less than one day hr. min.

Due to Chr Myocarditis  
Due to Chr Endocarditis  
Other conditions 191

9. Birthplace Cook Co. Ill.

Major findings:  
Of operations None  
Of autopsy None

10. Usual occupation Housewife

11. Industry or business

12. Name James Hackett

13. Birthplace Ireland

14. Maiden name Sarah Pettibone

15. Birthplace N.Y.

16. (a) Informant Mrs. T. A. Nicholas

(b) Address Burlington Jct. Mo.

17. (a) Burial (b) Date thereof Apr. 15, 1940  
(c) Place: burial or cremation Ohio Cemetery B. J. Mo.

18. (a) Signature of funeral director John W. Price  
(b) Address Maryville Mo.

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

23. Signature B. J. [Signature] (M. D. or other)  
Address Burlington Jct. Date signed 4/14/40

Duration  
PHYSICIAN  
Underline the cause to which death should be charged statistically.

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

RECEIVED

District Health Officer No. 11;

District File Number

540-648  
MAY 6 1940

Date Filed

**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

*John W. Price*  
\_\_\_\_\_  
Licensed Embalmer No. 3229

P. O. Address Maryville 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.