

State File No. _____

Registration District No. 73

Primary Registration District No. 3006

Registrar's No. 159

1. PLACE OF DEATH:

(a) County Boone
(b) City or town Columbia
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Boone County Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 10 days
(Specify whether
In this community all of life
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Boone
(c) City or town Hinton (Rural)
(If outside city or town limits, write "RURAL")
(d) Street No. _____
(If rural, give location)
(e) If foreign born, how long in U. S. A.? _____ years.

3. (a) PRINT FULL NAME Dixie Lee Nichols 247

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

4. Sex F. 5. Color or race W. 6. (a) Single, widowed, married divorced

6. (b) Name of husband or wife Carroll G. 6. (c) Age of husband or wife if alive 26 years

7. Birth date of deceased. Feb Jan. 3 1907.
(Month) (Day) (Year)

8. AGE: Years 33 Months 6 Days 29 If less than one day hr. min.

9. Birthplace Boone Co. MO.
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business _____

12. Name Obe. Sheren

13. Birthplace Boone County MO.
(City, town, or county) (State or foreign country)

14. Maiden name Josie James

15. Birthplace Boone County MO.
(City, town, or county) (State or foreign country)

16. (a) Informant Husband

(b) Address Brown Station, Route 1

17. (a) Removal (b) Date thereof 8-25-40
(Burial, cremation, or removed) (Month) (Day) (Year)

(c) Place: burial or cremation Dripping Springs

18. (a) Signature of funeral director J. H. ...
(b) Address 300 W. ... MO.

19. (a) 8/11/40 (b) Allie Selby
(Date received local registrar) (Registrar's signature)

MOTHER FATHER

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 31
year 1940 hour 1 minute 30 p.m.

21. I hereby certify that I attended the deceased from 7-22
1940 to 7-31 1940
that I last saw her alive on 7-29 1940
and that death occurred on the date and hour stated above.

Immediate cause of death Septicemia Duration _____

Due to suppurative pyelophlebitis

Due to Septic spontaneous abortion following a fall

Other conditions 2 weeks previous to
(Include pregnancy within 3 months of death)
Admission Last menstrual period 3-3-40.

Major findings: _____

Of operations _____

Of autopsy 140

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?
While at work? _____ (Specify type of place)
(e) Means of injury _____

23. Signature John H. Dig (M. D. or other) M.D.
Address Boone County Hosp. Date signed 7-31-40

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

SEP 7 1956

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 Carl W. House

Licensed Embalmer No. 3955

P. O. Address Boonville, 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.