

Registration District No. 218

Primary Registration District No. 3014

Registrar's No. 177

1. PLACE OF DEATH:

(a) County Cole  
(b) City or town Jefferson City, Mo.  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
St. Mary's Hospital  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_  
(Specify whether years, months or days) 7 Days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Callaway  
(c) City or town Cedar City  
(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.

8. (a) PRINT FULL NAME ELMER ELWORTH NICKOLS 9160

8. (b) If veteran, name war None 8. (c) Social Security No. None

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Margaret Nichols 6. (c) Age of husband or wife if alive 74 years

7. Birth date of deceased August 9, 1861  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
78 11 6 \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace Ohio  
(City, town, or county) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business \_\_\_\_\_

12. Name Gilfert Nichols

13. Birthplace Ohio  
(City, town, or county) (State or foreign country)

14. Maiden name Unknown

15. Birthplace Unknown  
(City, town, or county) (State or foreign country)

16. (a) Informant Margaret Nichols

(b) Address Cedar Cith, Mo.

17. (a) Burial (b) Date thereof 7/17/40  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Hart Hill

18. (a) Signature of funeral director John F. Hennrichs

(b) Address Jefferson City, Mo.

19. (a) 7/16/40 (b) W Bedford  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 15  
year 1940 hour 5 minute 15P M.

21. I hereby certify that I attended the deceased from July 8  
1940, to July 15, 1940  
that I last saw him alive on 11 July 1940  
and that death occurred on the date and hour stated above.

Immediate cause of death Peritonitis Duration \_\_\_\_\_

following  
Ruptured gall bladder  
Senility  
Due to \_\_\_\_\_

Other conditions 127  
(Include pregnancy within 3 months of death)

Major findings:  
Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

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? \_\_\_\_\_

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

23. Signature W Bedford (M. D. or other) MD

Address J. C. M... Date signed 7/17/40

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

MOTHER FATHER

**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 F. Heinrich*

Licensed Embalmer No. *3655*

P. O. Address *Jefferson City, 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.**