OCT 12 1940

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 31589

Registration District No. 213 Primary Registration District No. 5152 Registrar's No. 243

1. PLACE OF DEATH:

(a) County Callaway

(b) ~~City or town~~ Summit Township
(If outside city or town limits, write "RURAL" and name of township)

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

(d) Length of stay: In hospital or institution 3 (Specify whether
In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State ~~Missouri~~ Texas (b) County ~~Cal~~ Wharton

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

(d) Street No. None
(If rural, give location)

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

3. (a) PRINT FULL NAME Robert Irvine Nichols

3. (b) If veteran, name war

3. (c) Social Security No. 703-14-9267

4. Sex Male

5. Color or race White

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

6. (b) Name of husband or wife Elizabeth Nichols

6. (c) Age of husband or wife if alive 66 years

7. Birth date of deceased January (Month) 16 (Day) 1868 (Year)

8. AGE: Years 72 Months 8 Days 12 If less than one day hr. min.

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

10. Usual occupation Retired R.R. Telgerapher 0

11. Industry or business 1

FATHER
12. Name John Nichols 0
13. Birthplace Ky (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Sallie Irvine
15. Birthplace Callaway County, Missouri (City, town, or county) (State or foreign country)

16. (a) Informant's own signature Ray Nichols
(b) Address Louise, Texas

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Sept-28-1940 (Month) (Day) (Year)
(c) Place: burial or cremation El Campo, Texas

18. (a) Signature of ~~funeral director~~ Thorp J. Gordon
(b) Address Jefferson City, Missouri

19. (a) 9/28/40 (Date received local registrar) (b) [illegible] (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month September day 27th year 1940 hour 8— minute 30.9 M.

21. I hereby certify that I attended the deceased from , 19 , to , 19 ; that I last saw him ~~alive~~ dead on September 27th, 1940; and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Occlusion - according to evidence of witnesses present.

Due to

Due to

Other conditions 94 12
(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? 125 (Specify type of place)
While at work? (e) Means of injury

23. Signature J. W. Holman, Coroner (M. D. or other)
Address 8-E-8th St. Fulton, Mo. Date signed 5

(Licensed Embalmer's Statement on Reverse Side)

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.

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 Roy J. Gordon

Licensed Embalmer No. 786

P. O. Address Jefferson City M

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply w the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.