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STANDARD CERTIFICATE OF DEATH

State File No. 38116

REC'D DEC 10 1940  
23

Registration District No. 23

Primary Registration District No. 3006

Registrar's No. 257

1. PLACE OF DEATH: Boone  
 (a) County  
 (b) City or town Columbia  
 (c) Name of hospital or institution:  
 (If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution  
 In this community all of life (Specify whether years, months or days) 20

3. (a) PRINT FULL NAME Mattie Par-lee Nichols

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

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

6. (b) Name of husband or wife Lee Nichols 6. (c) Age of husband or wife if alive years 31

7. Birth date of deceased Oct 1860 (Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	80	-	27	hr. min.

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

10. Usual occupation Housewife

11. Industry or business

12. Name Ioad Milholin 13. Birthplace Missouri (City, town, or county) (State or foreign country)

14. Maiden name Joe Anna Yeager 15. Birthplace Boone Co. Mo. (City, town, or county) (State or foreign country)

16. (a) Informant Lee Nichols (b) Address Columbia, Mo.

17. (a) Burial (b) Date thereof 11-29-40 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation New Providence Park (N.H.O.)

18. (a) Signature of funeral director Parker (N.H.O.) (b) Address Columbia, Mo.

19. (a) 11/29/40 (b) Allie Selby (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:  
 (a) State Missouri (b) County Boone  
 (c) City or town Columbia, Mo.  
 (If outside city or town limits, write "RURAL")  
 (d) Street No. 703 N. 8th St (If rural, give location)  
 (e) If foreign born, how long in U. S. A.?

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 28th day November year 1940 hour 3:50 minute A M.

21. I hereby certify that I attended the deceased from 19 to 11-28th 1940 that I last saw her alive on Nov. 27-1940 and that death occurred on the date and hour stated above.

Immediate cause of death Chronic Myocarditis 7 yrs.

Due to Generalized Arteriosclerosis

Due to

Other conditions (Include pregnancy within 3 months of death) A3C

Major findings: Of operations

Of autopsy

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 James M. Baker (M. D. or other) 1940 Address Columbia, Mo. Date signed

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

**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. T. Vandewater*

Licensed Embalmer No. \_\_\_\_\_

*2494*

P. O. Address \_\_\_\_\_

*Columbus, Pa.*

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

**If this body is not embalmed, fact should be so stated above.**