o. 2
13-40
7-39
X23159

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 38128

Registration District No. 74 Primary Registration District No. 5113 Registrar's No. 215

DEC 5 - 1940

1. PLACE OF DEATH:
(a) County Dodge
(b) City or town Rural - Rocky Fork Township
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Rocky Fork Township
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution No (Specify whether
In this community Entire Life 2
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Dodge
(c) City or town Rural
(If outside city or town limits, write "RURAL")
(d) Street No. Rocky Fork Township
(If rural, give location)
0
(e) If foreign born, how long in U. S. A.? ..... years.

3. (a) PRINT FULL NAME MINNIE MAUDE NICHOLS
3. (b) If veteran, name war None
3. (c) Social Security No. None
4. Sex Female
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Amos Nichols
6. (c) Age of husband or wife if alive 60 years
7. Birth date of deceased Sept (Month) 20 (Day) 1885 (Year)

8. AGE: Years 55 Months 1 Days 22 If less than one day ..... hr. ..... min.

9. Birthplace Dodge County (City, town, or county) Mo (State or foreign country)
10. Usual occupation House wife 0
11. Industry or business 0
FATHER
12. Name Henry Shelton 0
13. Birthplace Dodge County (City, town, or county) Mo (State or foreign country)
MOTHER
14. Maiden name Ida Brown
15. Birthplace Unknown (City, town, or county) (State or foreign country)
16. (a) Informant Amos Nichols
(b) Address R.R. Rocky Fork Township
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Brown station, Mo. Nov. 14, 40 (Month) (Day) (Year)
(c) Place: burial or cremation Dripping Springs
18. (a) Signature of funeral director Gaskins
(b) Address Columbia, Mo
19. (a) 11 - 20 - (Date received local registrar) (b) 40 Mrs F. L. Laurel (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 12 year 1940 hour 4:00 minute :30 P.M.
21. I hereby certify that I attended the deceased from ....., 19...., to ....., 19....;
that I last saw h..... alive on ....., 19....;
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Apoplexy	
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy No.	

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

23. Signature W. R. Toalson Coroner (M. D. or other)
Address Columbia Mo Date signed 11-15-40

(Licensed Embalmer's Statement on Reverse Side)

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. A. Whitsitt

Licensed Embalmer No. 3893

P. O. Address Columbia

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, fact should be so stated above.