No. 2
4-13-40
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FILED JAN 13 1941

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 41822

Registration District No. 78 Primary Registration District No. 5114 Registrar's No. 9

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

1. PLACE OF DEATH:
(a) County Boone
(b) ~~City or town~~ Rural (Perche Twp)
(If outside city or town limits, write "RURAL" and name of township)
(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 ✓ 2.0 (Specify whether
In this community all of life
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Boone
(c) City or town 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 Josephine Nichols
3. (b) If veteran, name war no
3. (c) Social Security No. 10-401
4. Sex F.
5. Color or race W
6. (a) Single, widowed, married, divorced widowed
6. (b) Name of husband or wife ✓
6. (c) Age of husband or wife if alive ✓ years
7. Birth date of deceased 8 (Month) 9 (Day) 1856 (Year)

8. AGE: Years 84 Months 4 Days 16 If less than one day ___ hr. ___ min.

9. Birthplace Boone Co. (City, town, or county) Missouri (State or foreign country)
10. Usual occupation at Home
11. Industry or business ✓ 0
12. Name Thomas Mordica 0
13. Birthplace Missouri (City, town, or county) (State or foreign country)
14. Maiden name Elizabeth Onan
15. Birthplace ? (City, town, or county) (State or foreign country)
16. (a) Informant Amos Nichols
(b) Address Browns Sta Mo. R.F.D.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 12-26-40 (Month) (Day) (Year)
(c) Place: burial or cremation Red Rock
18. (a) Signature of funeral director Parters (WHO)
(b) Address Columbia Mo.
19. (a) Jan 1 1941 (Date received local registrar) (b) Mrs H Gullett (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 25 day Dec, year 1940 hour 3:45 minute a M.
21. I hereby certify that I attended the deceased from Dec 12-40, 19__, to 12-25, 1940
that I last saw her alive on Dec 12-40, 1940
and that death occurred on the date and hour stated above.

Immediate cause of death Septicemia Osteomyelitis of Wrist bones
Due to Infection
Due to
Other conditions Arterio-Sclerosis
(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy 15H

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? 76 (Specify type of place)
While at work (e) Means of injury
23. Signature Stephen D Smith (M. D. or other) 1
Address Columbia Mo. Date signed

(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. H. Vandeventer

Licensed Embalmer No. 2494

P. O. Address Columbia

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

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