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FILED FEB 18 1941

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 4129

Registration District No. 775

Primary Registration District No. 6020

Registrar's No. 7

1. PLACE OF DEATH:

(a) County St. Francois
(b) City or town St. James, Ste Genevieve
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: DePaul
(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)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Francois
(c) City or town St. James
(If outside city or town limits, write "RURAL")
(d) Street No. Rural Route #1
(If rural, give location)
(e) If foreign born, how long in U. S. A. 0 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan. day 17 1941
year 1941 hour 4 minute P. M.

21. I hereby certify that I attended the deceased from 1-13, 1941, to 1-13, 1941;
that I last saw him alive on 1-13, 1941,
and that death occurred on the date and hour stated above.

Immediate cause of death: Coronary artery sclerosis Duration 4 days

Due to: arterio-sclerosis general

Due to: _____
Other conditions (include pregnancy within 3 months of death) 94%

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? _____

(Specify type of place)
While at work? _____
Means of injury _____
23. Signature N. W. Hawburn (M. D. or other) _____
Address DeLoe Mo Date signed 1-18-41

3. (a) PRINT FULL NAME HENRY NICHOLLS

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

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

6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased April 29 1885
(Month) (Day) (Year)

8. AGE: Years 55 Months 8 Days 18 If less than one day hr. _____ min. _____

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

10. Usual occupation Felling Station Owner

11. Industry or business _____

12. Name John Francis Nicholls

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

14. Maiden name Cora Brownell

15. Birthplace Valle Mines Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant Tom Nicholls

(b) Address Copperville, Kansas

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

(c) Place: burial or cremation Valle Mines Mo

18. (a) Signature of funeral director DeLoe Co

(b) Address 313 Beahm, Ste Genevieve Mo

19. (a) Jan 18 1941 (b) N. W. Hawburn
(Date received local registrar) (Registrar's signature)

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 G. J. Claywell

Licensed Embalmer No. 3706

P. O. Address

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.