

FILED MAY 21 1941

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. **14653**

Registration District No. **328**

Primary Registration District No. **5462**

Registrar's No. \_\_\_\_\_

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

**1. PLACE OF DEATH:**

(a) County Grundy

(b) City or town Trenton Lincolnship  
(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 1 (Specify whether \_\_\_\_\_) (Specify whether \_\_\_\_\_)

In this community \_\_\_\_\_ years, months or days

8. (a) PRINT FULL NAME Hugh Nichols

9. (b) If veteran, name war no

3. (c) Social Security No. none

4. Sex male (1) Color or race white

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

6. (b) Name of husband or wife \_\_\_\_\_

6. (c) Age of husband or wife if alive 77 years

7. Birth date of deceased Aug 31 1862  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

78 5 27 hr. \_\_\_\_\_ min.

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

10. Usual occupation Farmer

11. Industry or business \_\_\_\_\_

MOTHER FATHER

12. Name Wm Nichols

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

14. Maiden name Rachel Carrier

15. Birthplace Ind. (City, town, or county) (State or foreign country)

16. (a) Informant Pascal Dowell

(b) Address Trenton Rt 7

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 3-1-41 (Month) (Day) (Year)

(c) Place: burial or cremation Salem Cemetery

18. (a) Signature of funeral director Charles G. Spear

(b) Address Trenton Ind.

19. (a) 2-28-41 (Date received local registrar) (b) J. H. Fowler (Registrar's signature)

**2. USUAL RESIDENCE OF DECEASED:**

(a) State Mo (b) County Grundy <sup>40</sup>

(c) City or town Trenton Mo Rt. 7. <sup>0</sup>  
(If outside city or town limits write "RURAL")

(d) Street No. R 7 D. # 7  
<sup>0</sup> (If rural, give location)

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

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month 2 day 27 year 1941 hour 6 am minute \_\_\_\_\_ M.

21. I hereby certify that I attended the deceased from Oct. 31 \_\_\_\_\_, 1940, to July 27 \_\_\_\_\_, 1941;  
that I last saw him alive on July 21 \_\_\_\_\_, 1941;  
and that death occurred on the date and hour stated above.

Immediate cause of death Cardiac Insufficiency

Due to Arterio-sclerosis  
of a few years duration

Due to \_\_\_\_\_

Other conditions (include pregnancy within 3 months of death) None

Major findings: Of operations \_\_\_\_\_

Of autopsy none

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? \_\_\_\_\_

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

23. Signature B. H. Muller (M. D. or other) <sup>0</sup>  
Address Trenton Date signed 2-28-41

Duration \_\_\_\_\_

PHYSICIAN \_\_\_\_\_

Underline the cause to which death should be charged statistically.

**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 \_\_\_\_\_

Richard G. Pison, Registered Apprentice No. \_\_\_\_\_,  
working under my personal supervision.

Signed Richard G. Pison

Licensed Embalmer No. 3109

P. O. Address Frederick Md.

**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.

*Dr. Keller*