

No. 2
-1-4-41
-17-39
X26390

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 28729
Registrar's No. 122

FILED SEP 12 1941
Registration District No. 8

Primary Registration District No. 5633

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

1. PLACE OF DEATH:

(a) County Lawrence
(b) City or town Mt. Vernon, Missouri
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Missouri State Sanatorium
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 189 days
(Specify whether years, months or days) 0
In this community 189 days 0

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Morgan
(c) City or town Fortuna
(If outside city or town limits, write "RURAL")
(d) Street No. _____
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. FULL PRINT NAME

Melvin Delbert Nichols

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

4. Sex Male 5. Color or race White 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 November 2d 1918
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>22</u>	<u>9</u>	<u>4</u>	hr. _____ min.

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

10. Usual occupation Farming

11. Industry or business X

12. Name Eugene Debs Nichols

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

14. Maiden name Maudie Akin

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

16. (a) Informant E. McMichael, Record Clerk

(b) Address Missouri State Sanatorium

17. (a) Tipton, Mo (b) Date thereof Aug 6-1941
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Tipton, Mo

18. (a) Signature of funeral director Geo B Orr

(b) Address Thurmond Mo

19. (a) 8-6-1941 (b) P R Holmes
(Date received local registrar) (Registrar's signature)

421 (Licensed Embalmer's Statement on Reverse Side)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 6th
year 1941 hour 2:30 minute A M.

21. I hereby certify that I attended the deceased from Jan 30th 1941 to Aug 6th 1941;
that I last saw him alive on Aug. 5th 1941;
and that death occurred on the date and hour stated above.

Immediate cause of death _____
Pulmonary Tuberculosis
Duration About 2 1/2 yrs.

Due to _____
Due to _____
Other conditions _____
(Include pregnancy within 3 months of death)

Major findings:
Of operations _____
Of autopsy _____
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? _____

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

23. Signature A. L. Coffman (M. D. or other) MD
Address Mt Vernon Mo Date signed 8/6/41

RECEIVED

District Health Officer No. 6,

District File Number 941-1434

Date Filed SEP 8 1941

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.....

George B. Orr

Licensed Embalmer No. 946

P. O. Address.....

7th Vermont

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, fact should be so stated above.