

No. 2  
-13-40  
-17-39  
X 23159

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. 35882  
Registrar's No. 194

FILLED OCT 28 1941  
Registration District No. 35

Primary Registration District No. 3034

1. PLACE OF DEATH:  
(a) County Randolph  
(b) City or town Moberly Mo.  
(c) Name of hospital or institution:  
500 So. 5th St. / 0  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_  
(Specify whether \_\_\_\_\_)  
In this community 17 years.  
years, months or days

2. USUAL RESIDENCE OF DECEASED:  
(a) State Missouri (b) County Randolph 88  
(c) City or town Moberly 6  
(If outside city or town limits, write "RURAL") 3  
(d) Street No. 500 So. 5th St.  
(If rural, give location)  
(e) If foreign born, how long in U. S. A.? 8 years.

3. (a) PRINT FULL NAME Delia Nichols

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

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Married  
6. (b) Name of husband or wife Frank M. Nichols 6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
7. Birth date of deceased Feb 7 1887  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
54 7 14 \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace \_\_\_\_\_  
(City, town, or county) (State or foreign country) Mo

10. Usual occupation At home

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

12. Name Michael Birmingham  
13. Birthplace Ireland  
(City, town, or county) (State or foreign country)  
14. Maiden name Unknown  
15. Birthplace "  
(City, town, or county) (State or foreign country)

16. (a) Informant F. M. Nichols  
(b) Address Moberly Mo.

17. (a) Burial (b) Date thereof Sept 23 1941  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation Moberly Mo.

18. (a) Signature of funeral director Mahan and Son  
(b) Address Moberly, Mo.

19. (a) Sept 23-41 (b) Sean Keeliana  
(Date received local registrar) (Registrar's signature)

925 (Licensed Embalmer's Statement on Reverse Side)

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month Sept day 21st  
year 1941 hour \_\_\_\_\_ minute \_\_\_\_\_ P. M.

21. I hereby certify that I attended the deceased from Jan. 21, 1941 to Sept 21, 1941;  
that I last saw her alive on Sept. 21, 1941  
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary thrombosis

Due to Hypertension and Atherosclerosis 10 years

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

Other conditions (include pregnancy within 3 months of death) 61

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

Duration  
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 W. H. Fleming (M. D. or other) 0  
Address Moberly, Mo. Date signed 9-23-41

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

MOTHER FATHER

RECEIVED

District Health Officer No. 10

District File Number 10-41-1941

Date Filed OCT 24 1941

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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 Frank B De Witt

Licensed Embalmer No. 3021

P. O. Address Moberly Mo

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.