

No. 2
1-4-41
5-17-39
X26390

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS 1942

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 36282

Anderson
Registration District No. 827

Primary Registration District No. 4553

Registrar's No.

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

1. PLACE OF DEATH:
(a) County Scott
(b) City or town Sikeston
(c) Name of hospital or institution:
Sikeston, General Hospital
(d) Length of stay: In hospital or institution
In this community 2 days

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County New Madrid
(c) City or town Rural-Lilbourn
(e) Citizen of foreign country? No

3. (a) PRINT FULL NAME Joe Leonard Nichols
(b) If veteran, name war. (c) Social Security No.

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month 10 day 22 year 1941 hour 12 minute p.m.

4. Sex M 5. Color or race W
6. (b) Name of husband or wife. 6. (c) Age of husband or wife if alive 6 years
7. Birth date of deceased 9 8 1920

21. I hereby certify that I attended the deceased from 10-21-41 to 10-22-41
that I last saw him alive on 10-22-41
and that death occurred on the date and hour stated above.

8. AGE: Years 21 Months 1 Days 14

Immediate cause of death: Punctured lung 2 days
fractured skull with compound fracture of ribs
due to punctured lung 2 days
Left 3rd and 4th & 7th Ribs Fractured

9. Birthplace Euru Miss.
10. Usual occupation Farming Labor

Other conditions (Include pregnancy within 3 months of death)
Major findings: no

MOTHER FATHER { 11. Industry or business
12. Name P.V. Nichols
13. Birthplace Lawrence Co. Ala.
14. Maiden name Mamie Bishop
15. Birthplace Union Co. Miss.

Of operations no
Of autopsy no
PHYSICIAN Underline the cause to which death should be charged statistically.

16. (a) Informant P.V. Nichols
(b) Address Lilbourn Mo. R.#. 1

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) accident
(b) Date of occurrence 10-21-41

17. (a) Burial (b) Date thereof 10/23/41
(c) Place: burial or cremation Lilbourn Mo.

(c) Where did injury occur? Lilbourn New Madrid Mo
(d) Did injury occur in or about home, on farm, in industrial place, in public place?
On Highway

18. (a) Signature of funeral director Hunter R. Hillman
(b) Address Sikeston Mo.
19. (a) 10-23-41 (b) W.H. Powell

While at work? no
(e) Means of injury Branch truck
23. Signature W.S. Anderson
Address Sikeston Mo Date signed 10-23-41

149 (Licensed Embalmer's Statement on Reverse Side)

JAN 13 1922

RECEIVED

District Health Office No. 2,

District File Number 1141-1507

Date Filed 1/10/22

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 Hunter Albritton

Licensed Embalmer No. 4210

P. O. Address Sikeston 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.