

38047

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 152

FREE DEC 12 1941

Registration District No. 152

Primary Registration District No. 52164086

Registrar's No. 5215

1. PLACE OF DEATH

(a) County Cass
(b) City or town East Lynne, MISS.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 20 days (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Cass
(c) City or town Humansville
(If outside city or town limits, write "RURAL")
(d) Street No. 0 (If rural, give location)
(e) If foreign born, how long in U. S. A. _____ years.

3. (a) PRINT FULL NAME LLOYD THOMAS NICHOLS

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

4. Sex M 5. Color or race wh. 6. (a) Single, widowed, married, divorced M
6. (b) Name of husband or wife Nellie Nichols 6. (c) Age of husband or wife if alive 78 years
7. Birth date of deceased Jan 31 1861
(Month) (Day) (Year)

8. AGE: Years 80 Months 9 Days 19 If less than one day hr. min.

9. Birthplace St. Louis Co., Mo.
(City, town, or county) (State or foreign country)

10. Usual occupation Farmer (retired)

11. Industry or business _____

MOTHER FATHER { 12. Name W. C. Nichols
18. Birthplace St. Louis Co., Mo.
14. Maiden name George Higgins
15. Birthplace Merriam, Md.
(City, town, or county) (State or foreign country)

16. (a) Informant L. B. Nichols
(b) Address 7015 So. 21. St. K. C., Kans.

17. (a) Burial (b) Date thereof Nov 24-41
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Clearfork Cemetery

18. (a) Signature of funeral director J. H. Wampler
(b) Address East Lynne, Mo

19. (a) 11-24-41 (b) E. J. Tomlinson
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov day 20
year 1941 hour 8 minute 30 P. M.

21. I hereby certify that I attended the deceased from Oct 20
1941, to Nov 20, 1941;
that I last saw him alive on Nov 15, 1941;
and that death occurred on the date and hour stated above.

Immediate cause of death Hypertension
Coronary Sclerosis
Due to Atherosclerosis

Due to _____
Due to _____

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

Major findings: Of operations _____
Of autopsy _____
PHYSICIAN _____

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 J. H. Wampler (M. D. or other) 0
Address Humansville, Mo Date signed Nov 22 1941

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

78-1011

10-10-11

10-10-11

Handwritten notes, possibly including "10-10-11" and other illegible text.

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 _____

A. O. Hartzler

Licensed Embalmer No. 2717

P. O. Address East Lyme 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, above space should be left blank.

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 38047

Registration District No. 152

Primary Registration District No. 4086

Registrar's No. _____

1. PLACE OF DEATH:

(a) County Cass
(b) City or town East Lynne
(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 _____ (Specify whether
In this community _____ years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State _____ (b) County _____
(c) City or town _____ (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. (a) PRINT FULL NAME Clayd J. Nichols

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

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

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

7. Birth date of deceased Jan 31 1928
(Month) (Day) (Year)

8. AGE: Years 80 Months 9 Days 14 (If less than one day, min.)

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

10. Usual occupation _____

11. Industry or business _____

MOTHER FATHER

12. Name _____

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

14. Maiden name _____ (State or foreign country)

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

16. (a) Informant _____

(b) Address _____

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

(c) Place: burial or cremation _____

18. (a) Signature of funeral director _____

(b) Address _____

19. (a) _____ (b) _____ (Registrar's signature)
(Date received local registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov day 20
year 1941 hour _____ minute _____ M.

21. I hereby certify that I attended the deceased from _____ 19____;
that I last saw him _____ alive on _____ 19____;
and that death occurred on the date and hour stated above.
Immediate cause of death _____

Due to uremia from chronic nephritis

Due to _____

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

Major findings:
Of operations _____
Of autopsy _____

Duration

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? _____

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

23. Signature J. J. Scott (M. D. _____)

Address St. Joseph Date signed 1942

SUPPLEMENTARY

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

