

Registration District No. 73

Primary Registration District No. 5112

Registrar's No. 44

1. PLACE OF DEATH:

(a) County BOONE  
(b) City or town COLUMBIA  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: HI WA 40 GREENHOUSE I  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution LIFE (Specify whether  
In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County BOONE  
(c) City or town COLUMBIA  
(If outside city or town limits, write "RURAL")  
(d) Street No. HI WA 40 GREENHOUSE  
(If rural, give location)  
(e) Citizen of foreign country? NO (Yes or No)  
If yes, name country

3. (a) PRINT FULL NAME BAXTER NICHOLS

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

4. Sex MALE (1) 5. Color or race W 6. (a) Single, widowed, married, divorced DIVORCED  
6. (b) Name of husband or wife ROSA RICHARDSON 6. (c) Age of husband or wife if alive years

7. Birth date of deceased OCTOBER 23rd 1880  
(Month) (Day) (Year)

8. AGE: Years 61 Months 4 Days X If less than one day hr. min.

9. Birthplace BOONE CO MISSOURI  
(City, town, or county) (State or foreign country)

10. Usual occupation FLORIST

11. Industry or business

12. Name GEORGE NICHOLS

13. Birthplace BOONE CO MISSOURI  
(City, town, or county) (State or foreign country)

14. Maiden name BROWN

15. Birthplace BOONE CO MISSOURI  
(City, town, or county) (State or foreign country)

16. (a) Informant WALLACE NICHOLS

(b) Address HI WAY 40 GREENHOUSE

17. (a) BURIAL (b) Date thereof FEB 25th 42  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation MILLERSBURG CEM

18. (a) Signature of funeral director

(b) Address COLUMBIA  
19. (a) 2/25/42 (b) Allie Seldy  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month FEB day 23rd  
year 1942 hour 2:15 minute P. M.

21. I hereby certify that I attended the deceased from August 1  
1941 to Feb 23 1942  
that I last saw him alive on Feb 15 1942  
and that death occurred on the date and hour stated above.

Immediate cause of death  
Carcinoma of liver (Primary)

Due to  
Due to HLF  
Other conditions (include pregnancy within 3 months of death)

Major findings:  
Of operations Carcinoma of liver  
Of autopsy Carcinoma of liver  
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) Means of injury

23. Signature Robert A. Simpson (M. D. or other)  
Address Columbia Mo Date signed 2/24/42

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

0  
2  
4

MOTHER FATHER

---

---

**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, ~~on~~ by.....  
....., Registered Apprentice No.....  
working under my personal supervision.

Signed *Lyman H. Sprinkle*  
Licensed Embalmer No. *4013*  
P. O. Address *Columbia, 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.**