

No. 2  
4-13-40  
5-17-39  
PI X23158

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

10400

State File No. \_\_\_\_\_

FILED APR 23 1942

Registration District No. \_\_\_\_\_

Primary Registration District No. 57-3-2.5/52

Registrar's No. 3

1. PLACE OF DEATH: Callaway (Summit)<sup>10</sup>  
 (a) County \_\_\_\_\_  
 (b) City or town Rural, No Highway 54  
 (If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution: North of Jefferson City 7 1/4 mile  
 (If not in hospital or institution, write street number and location)  
 (d) Length of stay: In hospital or institution 3 (Specify whether \_\_\_\_\_)  
 In this community \_\_\_\_\_ years, months or days

3. (a) PRINT FULL NAME Earl McLean Nichols  
 (b) If veteran, \_\_\_\_\_ name war \_\_\_\_\_  
 3. (c) Social Security No. \_\_\_\_\_

4. Sex Male 5. Color or race white 6. (a) Single, widowed, married divorced Married  
 6. (b) Name of husband or wife Mary 6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
 7. Birth date of deceased March 19 1910  
 (Month) (Day) (Year)

8. AGE: Years 32 Months 11 Days 16 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace Boone Co. (City, town, or county) \_\_\_\_\_ (State or foreign country) 0

10. Usual occupation Labor

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

MOTHER FATHER  
 12. Name John Franklin Nichols  
 13. Birthplace Boone Co. Mo. (City, town, or county) \_\_\_\_\_ (State or foreign country) 0  
 14. Maiden name Eora Coleman  
 15. Birthplace Boone Co. Mo. (City, town, or county) \_\_\_\_\_ (State or foreign country) 0

16. (a) Informant Mrs. Mary Nichols  
 (b) Address Columbia, Mo.

17. (a) Burial & Removal (b) Date thereof 3/19/42  
 (Burial, cremation, or removal) (Month) (Day) (Year)  
 (c) Place: burial or cremation New Providence Cem on Highway - 54-

18. (a) Signature of funeral director Breschey Funeral Home (Specify type of place) \_\_\_\_\_  
 (b) Address Jefferson City Mo. (e) Means of injury \_\_\_\_\_  
 19. (a) 3-17-42 (b) Norman B. Richter  
 (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:  
 (a) State Missouri (b) County Boone <sup>010</sup>  
 (c) City or town Columbia <sup>2</sup>  
 (If outside city or town limits, write "RURAL") <sup>4</sup>  
 (d) Street No. 1203 Broadway (If rural, give location)  
 (e) If foreign born, how long in U. S. A.? \_\_\_\_\_ years <sup>1</sup>

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March - day 16<sup>th</sup>  
 year 1942, hour 6 minute 30 P. M.

21. I hereby certify that I attended the deceased from \_\_\_\_\_, 19\_\_\_\_; to \_\_\_\_\_, 19\_\_\_\_;  
 that I last saw him in dept. alive on March 16<sup>th</sup>, 1942,  
 and that death occurred on the date and hour stated above.

Immediate cause of death Automobile accident <sup>Station</sup>  
breaking back - as auto was  
ditched on Harts hill on Highway - 54-  
North of M. & J. R. R. about  
1/4 - mile,

Due to \_\_\_\_\_  
 Due to no.

Other conditions no <sup>1700-6</sup>  
 (Include pregnancy within 3 months of death) 78

Major findings:  
 Of operations no  
 Of autopsy no

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) accident - 014  
 (b) Date of occurrence March 16<sup>th</sup> 1942  
 (c) Where did injury occur? on Highway - 54-  
 (City or town) (County) (State)  
 (d) Did injury occur in or about home, on farm, in industrial place, in public place?

23. Signature J. W. Holman <sup>Broken Neck</sup>  
 Address 8-E-9<sup>th</sup> St. FOLIANT, Mo. (e) Means of injury \_\_\_\_\_  
 Date signed 3-17-42  
 (M.D. or other)

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

114  
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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.....

*Victor Buscher*

Licensed Embalmer No.....

*3701*

P. O. Address.....

*Jefferson City*

**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.**