. S. No. 2
M—9-4-41
ev. 5-17-39
I X29484

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED SEP 9 1942

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 27510

Registration District No. 164 Primary Registration District No. 3023 3032 Registrar's No. 92

51 2 2

1. PLACE OF DEATH:
(a) County Johnson
(b) City or town Warrensburg
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 614 Broad St.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution ..... (Specify whether years, months or days)
In this community 44 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Johnson 51 2 2
(c) City or town Warrensburg
(If outside city or town limits, write "RURAL")
(d) Street No. 614 Broad St.
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country None 0

3. (a) PRINT FULL NAME Etta Evans Nichols.
3. (b) If veteran, name war None
3. (c) Social Security No. None
4. Sex Female
5. Color or race White
6. (a) Single, widowed, married, divorced Widow
6. (b) Name of husband of wife David Nichols
6. (c) Age of husband or wife if alive Deceased years
7. Birth date of deceased Oct. (Month) 31 (Day) 1862 (Year)

8. AGE: Years 79 Months 9 Days 18 If less than one day ..... hr. ..... min.
9. Birthplace Kankakee Co. (City, town, or county) Ill. (State or foreign country)
10. Usual occupation Housekeeper
11. Industry or business
MOTHER FATHER
12. Name W. H. Evans
13. Birthplace Unknown (City, town, or county) Unknown (State or foreign country)
14. Maiden name Unknown
15. Birthplace Unknown (City, town, or county) Unknown (State or foreign country)
16. (a) Informant Mrs Ada Anderson
(b) Address Warrensburg Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Aug. (Month) 21 (Day) 1942 (Year)
(c) Place: burial or cremation Sunset Hill
18. (a) Signature of funeral director Sweeney-Phillips
(b) Address Warrensburg, Mo.
19. (a) Aug 20-1942 (Date received local registrar) (b) Leola M. Williams (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug. day 19 year 1942 hour 3:05 minute A. M.
21. I hereby certify that I attended the deceased from July 19 1942, 19..., to Aug 19 1942, that I last saw h. alive on Aug 18 1942, and that death occurred on the date and hour stated above.

Immediate cause of death A prior cerebral Hemorrhage — Duration
Due to Leakly Mel. fr Cat 12 hrs
Due to Fell & hit hip on July-19-1942
Other conditions (Include pregnancy within 3 months of death)
Major findings: Of operations —
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: 051
(a) Accident, suicide, or homicide (specify) accident
(b) Date of occurrence July 19-1942. Fell on Stairs
(c) Where did injury occur? Hay Warrensburg Mo. (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? no home (Specify type of place)
While at work? no (e) Means of injury Fell on Stairs
23. Signature L. D. Chatfield (M. D. or other)
Address Warrensburg, Mo. Date signed Aug 20.

1001

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 8,
District File Number .....
Date Filed 9-4-12

AUG 30 1956

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 R. Q. Phillips.

Licensed Embalmer No. 2320

P. O. Address Warrensburg, 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.