

Registration District No. 652 381

Primary Registration District No. 4518 4515

Registrar's No. ....

1. PLACE OF DEATH:

(a) County Sullivan  
(b) City or town Milam  
(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 77 years years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Sullivan  
(c) City or town Milam  
(If outside city or town limits, write "RURAL")  
(d) Street No. \_\_\_\_\_ (If rural, give location)  
(e) Citizen of foreign country? No. (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME

Martin Luther Nichols

MEDICAL CERTIFICATION

3. (b) If veteran, name war no  
3. (c) Social Security No. none

20. DATE OF DEATH: Month Aug day 7 year 1942 hour 3:20 minute \_\_\_\_\_ P. M.

4. Sex Male 5. Color or race White  
6. (a) Single, married, divorced married

21. I hereby certify that I attended the deceased from July 1942 to Aug. 7 1942  
that I last saw him alive on Aug 7 1942  
and that death occurred on the date and hour stated above.

6. (b) Name of husband or wife Selvie Nichols  
6. (c) Age of husband or wife if alive 74 years

Immediate cause of death mitral Stenosis  
Duration 2 yr.

7. Birth date of deceased Sept. 14, 1864  
(Month) (Day) (Year)

8. AGE: Years 77 Months 10 Days 23  
If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

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

10. Usual occupation Carpenter; retired

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

12. Name James Warren Nichols

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

14. Maiden name Martha Ann Thomas

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

16. (a) Informant Mrs. M. L. Nichols  
(b) Address Milam Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Aug 9, 1942  
(Month) (Day) (Year)

(c) Place: burial or cremation Cap Green Cem. Milam

18. (a) Signature of funeral director [Signature]  
(b) Address Milam (Crash D.)

19. (a) Sept. 5, 1942 (Date received local registrar) (b) Mrs. F. D. Green (Registrar's signature)

Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_

Major findings: Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) \_\_\_\_\_

(b) Date of occurrence \_\_\_\_\_

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 [Signature]

23. Signature [Signature] (M. D. or other) D.O.  
Address Milam Date signed 8-10-42

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

15  
1  
0

RECEIVED

District Health Officer No. 10

District File Number 9-42-1741

Date Filed SEP 10 1927

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

*Frank D. Spwen*

Licensed Embalmer No. *Wilson*

P. O. Address: *# 2016*

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.