

FILED OCT 14 1942  
Registration District No. 327

Primary Registration District No. 6084

Registrar's No. 19

97  
00  
0  
WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH

(a) County Saline

(b) City or town Blackwater Twp  
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Rural  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether)

In this community Ell Lin City  
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Saline

(c) City or town Blackwater Twp  
(If outside city or town limits, write "RURAL")

(d) Street No. Rural  
(If rural, give location)

(e) Citizen of foreign country? no (Yes or No)

If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME JOHN HENRY NICHOLS

3. (b) If veteran, name war \_\_\_\_\_

3. (c) Social Security No. \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct day 15  
year 1942 hour 2 minute 30 P M.

21. I hereby certify that I attended the deceased from Aug 1 1942 to Oct 15 1942  
that I last saw him alive on Sept 15 and that death occurred on the date and hour stated above.

4. Sex Male 5. Color W 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Emma Nell Nichols (c) Age of husband or wife if alive 63 years

7. Birth date of deceased May 31 1868  
(Month) (Day) (Year)

Immediate cause of death: Hemiplegia

Duration 2 hrs

8. AGE: Years 74 Months 4 Days 0 hr. \_\_\_\_\_ min. \_\_\_\_\_

Due to Hypertension

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

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

10. Usual occupation Farmer

Major findings: § 32

Of operations \_\_\_\_\_

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

PHYSICIAN \_\_\_\_\_

Underline the cause to which death should be charged statistically.

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

12. Name Francis M. Nichols

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

14. Maiden name Margaret A. Nichols

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

16. (a) Informant Nellie Nichols

(b) Address Marshall No. 17, #1

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? \_\_\_\_\_

17. (a) Burial (b) Date thereof Oct 3-1942  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Ridge Park Cem

18. (a) Signature of funeral director Campbell-Ross

(b) Address Marshall Mo

19. (a) Oct 2-42 (b) Mo. W. C. Shaeffer  
(Date received local registrar) (Registrar's signature)

While at work \_\_\_\_\_ (Specify type of place)

(e) Means of injury \_\_\_\_\_

23. Signature [Signature] (M.D. or \_\_\_\_\_)

Address [Address] Date signed 10/17/42

RECEIVED

District Health Officer No. 8,

District File Number

Date Filed

10-13-42

out

lamin

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.W. Campbell

Licensed Embalmer No.

3469

P. O. Address

Marshall, Md.

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.

Embarked 3.W. 211 24-8-42