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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED DEC 10 1942

Registration District No. 32

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 36629

Primary Registration District No. 4042

Registrar's No. 16

1. PLACE OF DEATH:

(a) County: Bollinger

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

(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 years, months or days)
In this community: 5 years

2. USUAL RESIDENCE OF DECEASED: 9 0 0

(a) State: Mo. (b) County: Bollinger

(c) City or town: Zalma
(If outside city or town limits, write "RURAL") 0

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

(e) Citizen of foreign country? ..... (Yes or No)
If yes, name country: 0

3. (a) PRINT FULL NAME: Lillie Ann Nichols

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

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

4. Sex: Female

5. Color or race: White

6. (a) Single, widowed, married, divorced: Widow

6. (b) Name of husband or wife .....

6. (c) Age of husband or wife if alive ..... years

7. Birth date of deceased: Feb. (Month) 26 (Day) 1862 (Year)

8. AGE: Years 80 | Months 8 | Days 27 | If less than one day ..... hr. ..... min.

9. Birthplace: Scotland (City, town, or county) Ind. / (State or foreign country)

10. Usual occupation: Hwf.

11. Industry or business .....

FATHER
12. Name: Craig Stotts
13. Birthplace: Unk. (City, town, or county) Ind. / (State or foreign country)

MOTHER
14. Maiden name: Rebecca Ledgerwood
15. Birthplace: Unk. (City, town, or county) Ind. / (State or foreign country)

16. (a) Informant: Denis Nichols
(b) Address: Zalma, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: Nov. 27, 1942 (Month) (Day) (Year)
(c) Place: burial or cremation: Baker Cem. Lutesville

18. (a) Signature of funeral director: Baker Funeral Home
(b) Address: Lutesville, Mo. J. E. Graham

19. (a) 11-23-42 (Date received local registrar) (b) Mrs. Geneva Graham (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month: Nov. day: 23
year: 1942 hour: 4:00 minute: A. M.

21. I hereby certify that I attended the deceased from ....., 19....., to ....., 19.....
that I last saw h..... alive on ....., 19.....
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: No medical attention	
Due to: Probably myocarditis	
Due to:	
Other conditions (Include pregnancy within 3 months of death):	

Major findings:
Of operations .....
Of autopsy .....

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) .....
(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: J. E. Graham (M. D. or other) Coroner
Address: Lutesville, Mo. Date signed: 11-23-42

106 (Licensed Embalmer's Statement on Reverse Side)

RECEIVED

District Health Officer No. 3

District File Number 1242 - 1418

Date Filed 12 - 7 - 42

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 J. E. Graham

Licensed Embalmer No. 4010

P. O. Address Lutesville, 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.