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Rev. 5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No.
Registrar's No. 23

FILED DEC 5 1942

Registration District No. 34

Primary Registration District No. 40.45

1000
WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:

(a) County Roone

(b) City or town Ashland
(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 _____)

In this community Life
years, months or days

2. USUAL RESIDENCE OF DECEASED: 10

(a) State Missouri (b) County Boone 0

(c) City or town Ashland 0
(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 Myrtle E. Nichols

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month NOV. day 12
year 1942 hour 8 minutes 40 P M.

21. I hereby certify that I attended the deceased from Jan 1
1942 to Nov. 12, 1942
that I last saw her alive on Nov 12, 1942
and that death occurred on the date and hour stated above.

4. Sex Female / race White / 5. Color or race _____

6. (a) Single, widowed, married, divorced Married

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

7. Birth date of deceased: June 30 1874
(Month) (Day) (Year)

Immediate cause of death: chronic nephritis

Due to _____

Due to _____

Other conditions: 1318
(Include pregnancy within 3 months of death)

8. AGE: Years Months Days If less than one day

60 5 4 12 hr. min.

9. Birthplace Missouri 0
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business _____

MOTHER FATHER

12. Name Anderson Hamilton

13. Birthplace Kentucky 1
(City, town, or county) (State or foreign country)

14. Maiden name Sarah Rippetoe

15. Birthplace Missouri 0
(City, town, or county) (State or foreign country)

16. (a) Informant Laura Pauley
(b) Address Ashland Missouri

17. (a) Burial (b) Date thereof 11/13/42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation New Liberty Cent.

18. (a) Signature of funeral director Wm. C. Burnett
(b) Address Ashland Missouri

19. (a) Dec. 2, 1942 (b) Mrs. Alice Estes
(Date received local registrar) (Registrar's signature)

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)

(e) Means of injury 0

23. Signature A. B. Taylor (M. D. or other) _____
Address Ashland Mo Date signed 11.12.42

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 Me
....., Registered Apprentice No.....
working under my personal supervision.

Signed W. E. Bennett
Licensed Embalmer No. 3567
P. O. Address Ashland, 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.