

FILED DEC 14 1942

State File No.

Registration District No. 334

Primary Registration District No. 6093

Registrar's No. 173

97
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0

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

1. PLACE OF DEATH:

(a) County Saline

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

(c) Name of hospital or institution:
2 miles east Marshall
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution. 3 Mo. 10 days
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Saline

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

(d) Street No. 2 miles east Marshall
(If rural, give location)

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

3. (a) PRINT FULL NAME DONNA KAY NICHOLS

3. (b) If veteran, name war ✓

3. (c) Social Security No. ✓

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 15 year 1942 hour 6 minute P M.

21. I hereby certify that I attended the deceased from Aug 5, 1942 to Nov 15, 1942 and that death occurred on the date and hour stated above.

4. Sex Female 5. Color or race Wh.

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

6. (b) Name of husband or wife ✓

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

7. Birth date of deceased. Aug 5 1942
(Month) (Day) (Year)

Immediate cause of death Menstrigated

Due to Spina Bifida

Other conditions 1576

(Include pregnancy within 3 months of death)

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

3 10 hr. min.

9. Birthplace Saline Co. Mo. 0
(City, town, or county) (State or foreign country)

Major findings: 1576

Of operations

Of autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically.

MOTHER FATHER

10. Usual occupation ✓

11. Industry or business ✓

12. Name Rosie Auburn Nichols

13. Birthplace Cooper Co. Mo. 0
(City, town, or county) (State or foreign country)

14. Maiden name Marshall M. Nichols

15. Birthplace Saline Co. Mo. 0
(City, town, or county) (State or foreign country)

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?
(Specify type of place) (e) Means of injury

Signature [Signature] (M. D. or other)

Date signed 11/16/42

16. (a) Informant Louise Auburn Nichols

(b) Address Marshall Mo 17 #4

17. (a) Burial (b) Date thereof Nov 16 1942
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Ridge Park Cem

18. (a) Signature of funeral director Campbell

(b) Address Marshall Mo

19. (a) Nov-16-42 (b) Mrs T. O. Weadock
(Data received local registrar) (Registrar's signature)

RECEIVED

District Health Officer No. 8,

District File Number.....

Date Filed 12-10-42

5x
6x
121
12
win
21
M...
M...
M...

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 Jim H. Rains.....
Licensed Embalmer No. 1111.....

P. O. Address Marshall 770.....

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.