

S. No. 2
M-5-42
v. 5-17-39
X32873

40664

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. _____

FILED JAN 11 1942 07

Primary Registration District No. 5422

Registrar's No. 172

1. PLACE OF DEATH:

(a) County Dunklin
(b) City or town Kennett Mo. (Rural)
(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 Fifty Three Years (Specify whether
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Dunklin
(c) City or town Kennett Mo. R# 2
(If outside city or town limits, write "RURAL")
(d) Street No. _____ (If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Lula Belle 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 Married
6. (b) Name of husband or wife George Nichols 6. (c) Age of husband or wife if alive 59 years
7. Birth date of deceased July 27th 1882
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
60 7 16 hr. _____ min.

9. Birthplace Henry County Tenn.
(City, town, or county) (State or foreign country)

10. Usual occupation Farmwife

11. Industry or business _____

MOTHER FATHER { 12. Name Tom Owens
13. Birthplace Tenn.
(City, town, or county) (State or foreign country)
14. Maiden name Ellish Albritton
15. Birthplace Tenn.
(City, town, or county) (State or foreign country)

16. (a) Informant James Nichols
(b) Address Kennett Mo. R# 2
17. (a) Burial (b) Date thereof Nov. 16-42
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Gregory Cemetery Lentz Service

18. (a) Signature of funeral director _____
(b) Address Kennett Mo
19. (a) 5-42 (b) Julia Blankenship
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month NOV. day 13 --
year 1942 hour 11.50 minute _____ P. M.

21. I hereby certify that I attended the deceased from 08/17
1942 to NOV 13 1942
and that death occurred on the date and hour stated above.
that I last saw u alive on NOV 13 1942

Immediate cause of death Cancer of liver Duration 6 mos

Due to _____
Due to H68
Other conditions _____
(Include pregnancy within 3 months of death)

Major findings: Cancer of liver
Of operations _____
Of autopsy none
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? _____

(Specify type of place) While at work? _____ (e) Means of injury _____
23. Signature Steel Bakery (M. D. or other) M.D.
Address Kennett Mo Date signed 12-4-42

901 (Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED

District Health Office No. 2,

District File Number 143-11

Date Filed 1-4-43

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 Walter C. Hawkins
Licensed Embalmer No. 2002
P. O. Address Kennett 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.