S. No. 2
M—5-42
5-17-39
I X32873

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAR 13 1943

Registration District No.

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

5804

State File No.

Primary Registration District No. 5117

Registrar's No. 32

1. PLACE OF DEATH:

(a) County Boone

(b) City or town Rural Cedar (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 Life

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Boone

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

(d) Street No. 5½ Miles N.E. of Ashland, Mo. (If rural, give location)

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

If yes, name country 0

3. (a) PRINT FULL NAME Walter LaMaster Nichols

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex Male

5. Color or race White

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 October (Month) 4 (Day) 1883 (Year)

8. AGE: Years 59 Months 3 Days 5 If less than one day hr. min.

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

10. Usual occupation Farmer

11. Industry or business

FATHER 12. Name John Hudson Nichols

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

MOTHER 14. Maiden name Mary Susan Nichols

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

16. (a) Informant Lydia Nichols

(b) Address Ashland Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 2/7/1943 (Month) (Day) (Year)

(c) Place: burial or cremation New Salem Cem

18. (a) Signature of funeral director Wm C. Burnett

(b) Address Ashland Mo.

19. (a) Mar. 3, 1943 (Date received local registrar) (b) Mrs. Olie Estes (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb day 5 year 1943 hour 2 minute 13 M.

21. I hereby certify that I attended the deceased from July 1, 1942 to Feb. 5, 1943 that I last saw him alive on Feb. 2, 1943 and that death occurred on the date and hour stated above.

Immediate cause of death Hemorrhage from esophageal varices

Due to

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations None

Of autopsy None

Duration

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? (Specify type of place)

While at work? (e) Means of injury

23. Signature F. E. Suggett (M. D. or other) MD

Address Columbia Date signed 2-6-43

1244 (Licensed Embalmer's Statement on Reverse Side)

MAR 17 1943

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 Wm C F Burnett

Licensed Embalmer No. 3564

P. O. Address Ashland 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.