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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUN 8 1943

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

17415

State File No.

Registration District No. 42 Primary Registration District No. 1000 Registrar's No. 600

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

1. PLACE OF DEATH:

(a) County Buchanan

(b) City ~~or town~~ St. Joseph (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: State Hospital No. 2. (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 7 years 19 days (Specify whether years, months or days) In this community 7 years 19 days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Caldwell

(c) ~~City or~~ town Kidder. (If outside city or town limits, write "RURAL")

(d) Street No. 1 (If rural, give location)

(e) Citizen of foreign country? no. (Yes or No) 7

If yes, name country 0

3. (a) PRINT FULL NAME CHARLES F. 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 Widowed

6. (b) Name of ~~husband or~~ wife unknown deceased

(c) Age of husband or wife if alive years

7. Birth date of deceased unknown (Month) (Day) 1863 (Year)

8. AGE: Years	Months	Days	If less than one day
80		[redacted]	[redacted] hr. [redacted] min.

9. Birthplace unknown (City, town, or county) Ohio 1 (State or foreign country)

10. Usual occupation Farmer

11. Industry or business ✓

FATHER
12. Name unknown
13. Birthplace unknown (City, town, or county) Ohio 1 (State or foreign country)

MOTHER
14. Maiden name unknown
15. Birthplace unknown (City, town, or county) Ohio 1 (State or foreign country)

16. (a) Informant Maud M. Hogsett

(b) Address Kidder Missouri

17. (a) R. (Burial, cremation, or removal) (b) Date thereof May 25-1943 (Month) (Day) (Year)

(c) Place: burial or cremation Hamilton Mo.

18. (a) Signature of funeral director H. F. Powell

(b) Address Kidder Mo.

19. (a) 5-26-43 (Date received local registrar) (b) Rose Herzog (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 23d year 1943 hour 5 minute 40 P M.

21. I hereby certify that I ~~attended~~ viewed the deceased ~~from~~ on May 23d, 1943 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 Coronary Thrombosis	1 day
Due to Chronic Myo-Carditis	7 yrs
Due to General Arteriosclerosis	7 yrs

Other conditions 93d (Include pregnancy within 3 months of death)

Major findings: Of operations man died suddenly while getting out of his bed at the State Hospital.

Of autopsy No. He fell to the floor cutting a scalp wound 2" long.

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 H F Mundy (M. D. ~~or other~~) Coroner

Address 404 So 3d St St Joseph Mo Date signed 5/23/43

1235 (Licensed Embalmer's Statement on Reverse Side)

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

Signed H. F. Powell

Licensed Embalmer No. 1804

P. O. Address Kidder 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.