V. S. No. 2
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ev. 5-17-39
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 21655

FILED JUL 12 1943

Registration District No. 757 Primary Registration District No. 3028 Registrar's No. 105

1. PLACE OF DEATH:

(a) County Jasper

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

(c) Name of hospital or institution:
McCune-Brooks Hospital 0
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 11 days (Specify whether
In this community
years, months or days)

2. USUAL RESIDENCE OF DECEASED: 49

(a) State Missouri (b) County Jasper 0

(c) City or town Avilla Rural 0
(If outside city or town limits, write "RURAL")

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

(e) Citizen of foreign country? —— (Yes or No) 1

If yes, name country

3. (a) PRINT FULL NAME John C. Nichols

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

4. Sex m 5. Color or race W 6. (a) Single, widowed, married, divorced 1 married

6. (b) Name of husband or wife Louetta 6. (c) Age of husband or wife if alive 70 years

7. Birth date of deceased April 20, 1862 (Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
81	1	15	hr. min.

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

10. Usual occupation farmer

11. Industry or business general farming

FATHER
12. Name George A. Nichols
13. Birthplace unknown (City, town, or county) Michigan 1 (State or foreign country)

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

16. (a) Informant Miss Veva M. Nichols
(b) Address 1205 S. Main, Carthage, Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 6/7/43 (Month) (Day) (Year)
(c) Place: burial or cremation Avilla Cemetery

18. (a) Signature of funeral director Roland C. Engelage
(b) Address Sarcoxie, Mo

19. (a) 6/7/43 (Date received local registrar) (b) Elizabeth Coupler (Registrar's signature)

6/7/43 1205

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 5
year 1943 hour 1:15 minute P. M.

21. I hereby certify that I attended the deceased from 5-26-43
, 19 to June 5, 1943
that I last saw him alive on June 5, 1943
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Cerebral apoplexy	5-25-43.
Due to	
Due to 830	
Other conditions (Include pregnancy within 3 months of death) arteriosclerosis	
Major findings: Of operations No operation	
Of autopsy No autopsy	

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 J. E. Bond M.D. (M. D. or other)
Address Carthage Mo Date signed 6-7-43.

(Licensed Embalmer's Statement on Reverse Side)

43-6-570

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 Geo. B. Ow

Licensed Embalmer No. 946

P. O. Address Mt Vernon, Ill

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.