

S. No. 2
M-2-43
5-17-39
1 X3556

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

24800

State File No. _____

FILED AUG 11 1943

Registration District No. _____

Primary Registration District No. 7010

Registrar's No. 219

16
4

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

1. PLACE OF DEATH:

(a) County Cape Girardeau

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

(c) Name of hospital or institution: St. Francis Hospital
(If not in hospital or institution, write street number or location)

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

3. (a) PRINT FULL NAME Charles William 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 July 6 1943
(Month) (Day) (Year)

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

0 0 0 7 hr. _____ min.

9. Birthplace Cape Girardeau Mo
(City, town, or county) (State or foreign country)

10. Usual occupation Infant

11. Industry or business _____

12. Name Raymond Nichols

13. Birthplace Cape Girardeau Mo
(City, town, or county) (State or foreign country)

14. Maiden name Mrs. Norman

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

16. (a) Informant Raymond Nichols

(b) Address Cape Girardeau Mo

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

(c) Place: burial or cremation Magnolia Park

18. (a) Signature of funeral director J. H. Starnes

(b) Address Cape Girardeau Mo

19. (a) 7-8-1943 (b) G. W. Phelps
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Cape Girardeau

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

(d) Street No. 1243 N. Main St
(If rural, give location)

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 7th
year 1943 hour 12 minute 15 P. M.

21. I hereby certify that I attended the deceased from July 6th 1943 to July 7th 1943; that I last saw him alive on July 6th 1943, 19____; and that death occurred on the date and hour stated above.

Immediate cause of death Fetal Asystole Duration 5 hrs

Due to _____

Due to _____

Other conditions (Include pregnancy within 3 months of death) 160c

Major findings: Of operations _____

Of 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? _____

While at work? _____ (Specify type of place) (e) Means of injury _____

23. Signature J. H. Cochran (M. D. or other) _____

Address Cape Girardeau, Mo Date signed 7/7/43

RECEIVED

District Health Officer No. 4

District File Number 843-255

Date Filed 8-10-43

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.....

Licensed Embalmer No.....

P. O. Address.....

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.