

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

34070

LED NOV 13 1943

State File No. \_\_\_\_\_

Registration District No. 28

Primary Registration District No. 3006

Registrar's No. 239

1. PLACE OF DEATH:

(a) County Boone  
(b) City or town Columbia  
(c) Name of hospital or institution: Boone Co. Hosp.  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 2 Days  
In this community Life  
years, months or days (Specify whether)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Boone  
(c) City or town Columbia  
(If outside city or town limits, write "RURAL")  
(d) Street No. 313 Mcaine  
(If rural, give location)  
(e) Citizen of foreign country? no (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME

Agnes L. Nichols-Aston

3. (b) If veteran, name war X

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 \_\_\_\_\_ 6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
7. Birth date of deceased June 9th 1921  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
22 3 24 hr. \_\_\_\_\_ min.

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

10. Usual occupation Shoe Factory

11. Industry or business Shoe Factory Booneville Mo

12. Name Purl Nichols

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

14. Maiden name Josephine Ficklin

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

16. (a) Informant Mrs Purl Nichols

(b) Address 313 Mcaine Av

17. (a) Burial (b) Date thereof 10-6-43  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation New Salem Cem

18. (a) Signature of funeral director R. C. W. W. W.

(b) Address Columbia

19. (a) 10-6-43 (b) Edna H. Barker  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct day 3rd  
year 1943 hour 4 minute 15 M.

21. I hereby certify that I attended the deceased from Oct 1, 1943, to Oct 3, 1943  
that I last saw her alive on Oct 2, 1943  
and that death occurred on the date and hour stated above.

Immediate cause of death Diabetic Coma 3 days

Due to Diabetic Mellitus

Due to \_\_\_\_\_

Other conditions (Include pregnancy within 3 months of death) 61

Major findings: Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

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 E. D. Barker (M. D. or other) MD

Address Columbia Date signed 10/4/43

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

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**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.....

3183

Columbia

**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.**