

FILED DEC 6 1943

Registration District No. 13

STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 3003

State File No. 37658

Registrar's No. 67

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

1. PLACE OF DEATH:

(a) County Barry  
(b) City or town Manett  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: none  
(If not in hospital or institution, write street number or location) 1  
(d) Length of stay: In hospital or institution \_\_\_\_\_  
In this community about 36 years (Specify whether years, months or days)

3. (a) PRINT FULL NAME Emma Frances Nichols

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

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

6. (b) Name of husband or wife Jacob E. Nichols 6. (c) Age of husband or wife if alive 61 years

7. Birth date of deceased October 20 1891  
(Month) (Day) (Year)

8. AGE: Years 51 Months 11 Days 25 If less than one day hr. \_\_\_\_\_ min.

9. Birthplace Swedesborg Missouri  
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business Home

12. Name John Nolan

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

14. Maiden name Elizabeth Roam

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

16. (a) Informant Jacob E. Nichols

(b) Address Manett, Missouri

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

(c) Place: burial or cremation 1007 Ave Manett Mo.

18. (a) Signature of funeral director Callaway

(b) Address Manett Mo

19. (a) Oct 17-1943 (Date received local registrar) (b) Dudna Willoughby (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Barry <sup>5</sup>  
(c) City or town Manett  
(If outside city or town limits, write "RURAL") <sup>1</sup>  
(d) Street No. \_\_\_\_\_ (If rural, give location)  
(e) Citizen of foreign country? no (Yes or No)  
If yes, name country none <sup>0</sup>

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 15  
year 1943 hour 12 minute 30 A.M.

21. I hereby certify that I attended the deceased from Oct 1  
1943 to Sept 15 1943  
that I last saw her or alive on Oct 10 1943  
and that death occurred on the date and hour stated above.

Immediate cause of death Chronic Myocarditis aden  
r Myocardial degeneration 15 days  
Due to with Atricular fibrillation

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

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

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

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

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 Franklin M.D. (M. D. or other)  
Address Manett Mo Date signed 10/14/43

Duration  
PHYSICIAN  
Underline the cause to which death should be charged statistically.

1320

RECEIVED

District Health Officer No. 6,

District File Number 1143-1270

Date Filed NOV 30 1943

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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 J. D. Burdick

Licensed Embalmer No. 5579

P. O. Address Monmouth, N.J.

**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.**