

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED DEC 29 1943

Registration District No. **2-26137**

Primary Registration District No. **4-19-6 4200**

Registrar's No. **29**

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

1. PLACE OF DEATH:

(a) County **Lundy**
(b) City or town **Spickard Mo**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether
In this community **75-6-5** years, months or days) (Specify whether

2. USUAL RESIDENCE OF DECEASED:

(a) State **Mo** (b) County **Lundy 48**
(c) City or town **Spickard Mo**
(If outside city or town limits, write "RURAL")
(d) Street No. _____ (If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME **Illa May Nichols**

3. (b) If veteran, name war _____ 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 **L.V. Nichols**
6. (c) Age of husband or wife if alive **80** years
7. Birth date of deceased **April 13 1868**
(Month) (Day) (Year)

8. AGE: Years **75** Months **6** Days **5**
If less than one day _____ hr. _____ min.

9. Birthplace **Morris Co. Mo. 0**
(City, town or county) (State or foreign country)

10. Usual occupation **Farm**

11. Industry or business
12. Name **John McClure**
13. Birthplace **Ky 1**
(City, town, or county) (State or foreign country)
14. Maiden name **Lore Potter**
15. Birthplace **Milan Ohio 1**
(City, town, or county) (State or foreign country)

16. (a) Informant **L.V. Nichols**
(b) Address **Spickard Mo**
17. (a) **Burial** (Burial, cremation, or removal) (b) Date thereof **Oct-21-1943**
(Month) (Day) (Year)
(c) Place: burial or cremation **West Cem. Lundy Co. Mo.**
18. (a) Signature of funeral director **John Earl Teed**
(b) Address **Spickard Mo**
19. (a) **Oct 20-1943** (Date received local registrar) (b) **John Earl Teed** (Registrar's signature)

MOTHER FATHER

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Oct** day **18**
year **1943** hour **10** minute **20** P.M.

21. I hereby certify that I attended the deceased from **Oct 7** 1943, to **Oct 18** 1943
that I last saw him alive on _____ 19____
and that death occurred on the date and hour stated above.

Immediate cause of death **apoplexy**
Duration **11 days**

Due to _____
Due to _____

Other conditions (Include pregnancy within 3 months of death) **83a!**
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.W. Ewing** (M. D. or other) _____
Address **Spickard Mo** Date signed **10/24/43**

1965 6 15 1969

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 Rose Wise
Licensed Embalmer No. 3771
P. O. Address Spickard 9th

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.