

FILED FEB 4 1944

Registration District No. **38**

Primary Registration District No. **3006**

Registrar's No. **20**

10  
2  
4  
11/14/40  
11/14/40

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

1. PLACE OF DEATH:

(a) County Boone

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

(c) Name of hospital or institution:  
Clarkscales / Road  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether)

In this community Life  
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County Boone <sup>10</sup>

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

(d) Street No. Route 5 (If rural, give location)

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

If yes, name country X

3. (a) PRINT FULL NAME MARY FRANCIS NICHOLS

3. (b) If veteran, name war X

3. (c) Social Security No. 7

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 29<sup>th</sup>  
year 1944 hour 5:30 minute P. M.

4. Sex F

5. Color or race W

6. (a) Single, widowed, married, divorced m

6. (b) Name of husband or wife Virgil H Nichols

6. (c) Age of husband or wife if alive 65 years

7. Birth date of deceased Jan 2nd 1882  
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from Jan 29 1944 to 1-29 1944  
that I last saw her alive on Jan 29 1944  
and that death occurred on the date and hour stated above.

8. AGE:

Years	Months	Days	If less than one day
<u>62</u>	<u>0</u>	<u>27</u>	hr. _____ min. _____

Immediate cause of death Cardiomyopathy of Paucis and stenosis

Due to and organic heart disease

Due to no data

Other conditions (Include pregnancy within 3 months of death)

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

10. Usual occupation House wife

Major findings:  
Of operations X

Of autopsy X

PHYSICIAN H B F

Underline the cause to which death should be charged statistically.

MOTHER FATHER

11. Industry or business "

12. Name J T Watson

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

14. Maiden name Rice Bell Rice

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

16. (a) Informant Virgil H Nichols

(b) Address Route 5 Columbia

17. (a) Burial (b) Date thereof Feb 2-44  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation New Providence

18. (a) Signature of funeral director R. Quirett

(b) Address Columbia

19. (a) 1-31-44 (b) Edna H Barber  
(Date received local registrar) (Registrar's signature)

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 H B Villanueva (M. D. or other)

Address Columbia MO Date signed 2-29-44

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4/44

HEB 7 1944

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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

*W. W. Wiley*

Licensed Embalmer No.

*3183*

P. O. Address

*Columbia Mo*

**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.**