

FILED MAR 20 1944

Registration District No. 281

Primary Registration District No. 5404

Registrar's No. 2823

1. PLACE OF DEATH:

(a) County Douglas  
(b) City or town Ava Rural Finley  
(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 \_\_\_\_\_  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Douglas  
(c) City or town Ava Rural  
(If outside city or town limits, write "RURAL")  
(d) Street No. Route 1  
(If rural, give location)  
(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME Dora E. Nichols

3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. None

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Thomas S. Nichols 6. (c) Age of husband or wife if alive 72 years

7. Birth date of deceased March 12, 1871  
(Month) (Day) (Year)

8. AGE: Years	Months	Days	If less than one day
<u>72</u>	<u>11</u>	<u>11</u>	hr. min.

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

10. Usual occupation Housewife

11. Industry or business

MOTHER FATHER  
12. Name W. H. Wood  
13. Birthplace Ill. (City, town, or county) (State or foreign country)  
14. Maiden name Emeline Ward  
15. Birthplace Missouri (City, town, or county) (State or foreign country)

16. (a) Informant Thomas S. Nichols  
(b) Address R. Ava, Mo.  
17. (a) Burial (b) Date thereof 2-25-44  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation Huffman

18. (a) Signature of funeral director Clinkingbeard Funeral Home  
(b) Address Ava, Missouri

19. (a) 3-1-1944 (b) Mrs. J. R. Spurlock  
(Date received local registrar) (Registrator's Signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month February day 23  
year 1944 hour 12 minute 25 P. M.

21. I hereby certify that I attended the deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_;  
that I last saw him \_\_\_\_\_ alive on \_\_\_\_\_, 19\_\_\_\_,  
and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
<u>Hypostatic Pneumonia</u>	<u>30 days</u>
<u>Chronic Bronchitis</u>	<u>15 yrs</u>
<u>Chronic Bronchitis Better</u>	<u>10 yrs</u>

Other conditions (Include pregnancy within 3 months of death)  
Major findings: Of operations 11/2  
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. C. Herd (M. D. or other) \_\_\_\_\_  
Address Ava Mo Date signed 2-26-44

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

34  
0  
0

34  
0  
0

10568

RECEIVED

*E. Gentry*

District Health Officer No. 61

District File Number 344-382

Date Filed MAR 16 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.....

*H. B. Hutchinson*

Licensed Embalmer No.....

*3431*

P. O. Address.....

*Ans. Ind.*

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.