S. No. 2
DM—2-43
v. 5-17-39
I X35697

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUN 13 1944

Registration District No. 2027

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 3028

State File No. 18364

Registrar's No. 122

1. PLACE OF DEATH:

(a) County Jasper

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

(c) Name of hospital or institution: 519 East Third Street (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution about 45 days (Specify whether In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jasper

(c) City or town Avilla R.F.D. (If outside city or town limits, write "RURAL")

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

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

If yes, name country

3. (a) PRINT FULL NAME George A. Nichols

3. (b) If veteran, name war no

3. (c) Social Security No. no

4. Sex m

5. Color or race W

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

6. (b) Name of husband or wife

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

7. Birth date of deceased June 14 1869 (Month) (Day) (Year)

8. AGE: Years 74 Months 11 Days 3 If less than one day hr. min.

9. Birthplace Springport, Michigan (City, town, or county) (State or foreign country)

10. Usual occupation Retired farmer

11. Industry or business

FATHER
12. Name George A. Nichols
13. Birthplace Michigan (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Don't know
15. Birthplace Michigan (City, town, or county) (State or foreign country)

16. (a) Informant Mrs. John Nichols

(b) Address 1205 Main, Carthage, Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 5/19/44 (Month) (Day) (Year)

(c) Place: burial or cremation Avilla Cemetery

18. (a) Signature of funeral director Roland Engelage

(b) Address Sarcoxie, Missouri

19. (a) May 19 '44 (Date received local registrar) (b) Elizabeth Couplin (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May 17 day year 1944 hour 11:45 minute A M.

21. I hereby certify that I attended the deceased from , 19 , to , 19 ; that I last saw him alive on Did not see him alive , 19 ; and that death occurred on the date and hour stated above.

Immediate cause of death Broken neck

Due to Fall from 2nd story window

Due to Vertigo from chronic myocarditis

Other conditions (Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

186a
39

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) Accident

(b) Date of occurrence May 17 '44

(c) Where did injury occur? Carthage (City or town) (County) Mo (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? Fell from window at home (Specify type of place)

While at work? (e) Means of injury

23. Signature R. W. Webster Coroner (M. D. or other)

Address Carthage Mo Date signed May 19 '44

1203

(Licensed Embalmer's Statement on Reverse Side)

44-5-448

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 Geo. B. Orr

Licensed Embalmer No. 946

P. O. Address Mt Vernon 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.