

No. 2  
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17-39  
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DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS  
FILED JUL 13 1944

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

21031

State File No. \_\_\_\_\_

Registration District No. 30

Primary Registration District No. 5102

Registrar's No. 22

1. PLACE OF DEATH:

(a) County Renton

(b) City or town "Rural" Fristoe Twp.  
(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) 1

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

In this community \_\_\_\_\_  
years, months or days

3. (a) PRINT FULL NAME George Washington Nichols

3. (b) If veteran, name war none 3. (c) Social Security No. none

4. Sex male 5. Color or race white 6. (a) Single, widowed, married, divorced, widowed 2

6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased March 19 1856  
(Month) (Day) (Year)

| 8. AGE: | Years     | Months   | Days     | If less than one day |
|---------|-----------|----------|----------|----------------------|
|         | <u>88</u> | <u>3</u> | <u>1</u> | hr. _____ min. _____ |

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

10. Usual occupation farmer

11. Industry or business \_\_\_\_\_

12. Name Freeman Nichols

13. Birthplace Ky. 1  
(City, town, or county) (State or foreign country)

14. Maiden name Catherine Parks

15. Birthplace Mo. 1  
(City, town, or county) (State or foreign country)

16. (a) Informant W. A. Nichols

(b) Address Rt. 1, Fristoe, Mo.

17. (a) burial (b) Date thereof June 22 1944  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Fristoe Cemetery

18. (a) Signature of funeral director White-Reser

(b) Address Warsaw, Mo.

19. (a) 6/24/44 (b) Jas. G. Logan  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Renton

(c) City or town "Rural" Fristoe Twp.  
(If outside city or town limits, write "RURAL")

(d) Street No. Rt. 1, Fristoe, Mo.  
(If rural, give location)

(e) If foreign born, how long in U. S. A.? 0 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 20  
year 1944 hour 6 minute A. M.

21. I hereby certify that I attended the deceased from June 1 1944, to June 20 1944, that I last saw him alive on June 18 1944, and that death occurred on the date and hour stated above.

Immediate cause of death Spinal Aneurysm

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

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

Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

131 R

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 0

23. Signature [Signature] (M. D. or other) [Signature]

Address [Signature] Date signed 6/24/44

Duration

1 2/20

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

RECEIVED

District Health Officer No. 7,

District File Number 6-44-831

Date Filed 7-12-44

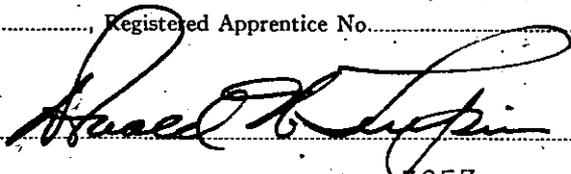
**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

.....  
working under my personal supervision.

..... Registered Apprentice No. ....

Signed.....



..... Licensed Embalmer No. 5053

..... P. O. Address Warsaw, Mo.

**Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)**

**If this body is not embalmed, fact should be so stated above.**