

Registration District No. 295

Primary Registration District No. 6015

Registrar's No. 34

1. PLACE OF DEATH:
 (a) County Randolph
 (b) City or town Rural, Salt Spring 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)
 (d) Length of stay: In hospital or institution.....
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:
 (a) State Missouri (b) County Randolph
 (c) City or town Huntsville, R.R.#1
(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 Walter Nichols
 3. (b) If veteran, name war..... 3. (c) Social Security No.....
 4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Divorced
 6. (b) Name of husband or wife Mary Frances Nichols 6. (c) Age of husband or wife if alive..... years
 7. Birth date of deceased January 23 1869
(Month) (Day) (Year)

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month June day 27
 year 1944 hour 3:40 P.M. minute..... M.
 21. I hereby certify that I attended the deceased from June 1 1940 to June 27 1944
 that I last saw him alive on June 26 1944
 and that death occurred on the date and hour stated above.

8. AGE: Years 75 Months 5 Days 4 If less than one day
 hr. min.

Immediate cause of death.....
Chronic myocarditis Duration 2 yrs
 Due to Chronic Bronchial Asthma 20 yrs

9. Birthplace Randolph County Missouri
(City, town, or county) (State or foreign country)
 10. Usual occupation retired mechanic

Due to.....
 Other conditions.....
(Include pregnancy within 3 months of death)
 Major findings:
 Of operations none
 Of autopsy none

MOTHER FATHER
 11. Industry or business.....
 12. Name William P. Nichols
 13. Birthplace Randolph County Missouri
(City, town, or county) (State or foreign country)
 14. Maiden name Ruth Harrison
 15. Birthplace Macon County Missouri
(City, town, or county) (State or foreign country)

PHYSICIAN
 Underline the cause to which death should be charged statistically.
930

16. (a) Informant Mr. Hershel Nichols
 (b) Address Huntsville, Mo. R.R.#1
burial (b) Date thereof 6/30/1944
(Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation Pleasant Hills, Mo.

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?
(Specify type of place)
 While at work?..... (e) Means of injury.....

18. (a) Signature of funeral director Tom B. Patton
 (b) Address Huntsville, Mo.
 19. (a) 6-30-44 (b) Mr. P. Dreyer
(Date received local registrar) (Registrar's signature)

23. Signature P. Dreyer (M. D. or other) MD
 Address Huntsville, Mo. Date signed 6/29/44

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

89000

20319

RECEIVED

District Health Officer No. 10

District File Number 7-44-1261

Date Filed JUL 10 1944

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 Tom B Patton

Licensed Embalmer No. 3914

P. O. Address Huntsville 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.