

V. S. No. 2
FORM—8-43
Rev. 5-17-39
X37823

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

34016

State File No. _____

FILED NOV 10 1944
73

Primary Registration District No. 5291

Registrar's No. 93

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

1. PLACE OF DEATH:

(a) County CLAY

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

(c) Name of hospital or institution: 1007 Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____
In this community since Jun 12 1944 (Specify whether years, months or days)

3. (a) PRINT FULL NAME Wm HENRY NICHOLS

3. (b) If veteran, name war no

3. (c) Social Security No. no

4. Sex MD

5. Color or race w

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

6. (b) Name of husband or wife _____

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

7. Birth date of deceased Oct 11 1851
(Month) (Day) (Year)

8. AGE: Years 93 Months 0 Days 0
' If less than one day hr. _____ min. _____

9. Birthplace CLAY CO MO
(City, town, or county) (State or foreign country)

10. Usual occupation retired

11. Industry or business Retiree

12. Name Henry Nichols

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

14. Maiden name unk

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

16. (a) Informant Jack Thomme supt. vic

(b) Address Liberty Mo.

17. (a) BURIAL (b) Date thereof 10/12/44
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation 1007 cemetery

18. (a) Signature of informant Heil Funeral Home

(b) Address Liberty Missouri

19. (a) Oct 12 44 (b) Edouard Early
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County CLAY 24

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

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

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

If yes, name country no

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct day 11
year 1944 hour 8 minute 15 P.M.

21. I hereby certify that I attended the deceased from Mar 1 1942 to Oct 11, 1944
that I last saw him alive on Oct 11, 1944
and that death occurred on the date and hour stated above.

Immediate cause of death General arteriosclerosis

Due to _____

Due to _____

Other conditions (Include pregnancy within 3 months of death) 97

Major findings: Of operations _____

Of autopsy _____

Duration

20 yrs.

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? _____

(Specify type of place) _____

While at work? _____ (c) Means of injury _____

23. Signature Quinton Matley (M. D. or other) M.D.

Address Liberty Mo Date signed 10-12-44

RECEIVED

District Health Officer No. 8,

District File Number _____

Date Filed _____

MAR 4 1957

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 _____

Self, Registered Apprentice No. _____
working under my personal supervision.

Signed *Victor E. ...*

Licensed Embalmer No. *2896*

P. O. Address *Liberty, 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.