S. No. 2
OM—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

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

34158

State File No.

FILED OCT 10 1944

Registration District No. 5422

Primary Registration District No. 5422

Registrar's No. 113

35
0
0

1. PLACE OF DEATH:

(a) County Dunklin

(b) City or town Kennett Rural 2
(If outside city or town limits, write "RURAL" and name of township)

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

(d) Length of stay: In hospital or institution 1 (Specify whether
In this community Sixty One years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Dunklin 35 0 0

(c) City or town Kennett Rural 2
(If outside city or town limits, write "RURAL")

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

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

If yes, name country 0

3. (a) PRINT FULL NAME George Washington Nichols

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex Male 0

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 Jan (Month) 1 (Day) 1883 (Year)

8. AGE: Years 61 Months 8 Days 2 If less than one day hr. min.

9. Birthplace Maldin (City, town, or county) Mo 0 (State or foreign country)

10. Usual occupation Farmer

11. Industry or business

FATHER
12. Name Tom Nichols
13. Birthplace Dont Know (City, town, or county) Tenn 1 (State or foreign country)

MOTHER
14. Maiden name Parlee Bess
15. Birthplace Dont Know (City, town, or county) Tenn 1 (State or foreign country)

16. (a) Informant James Nichols
(b) Address Kennett Rural 2

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 8-4-44 (Month) (Day) (Year)
(c) Place: burial or cremation Gregory Cem

18. (a) Signature of funeral director Lintz and Co
(b) Address Kennett Mo

19. (a) 9-4-44 (Date received local registrar) (b) Julia Blankenship (Registrar's signature)

901

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug day 2
year 1944 hour minute M.

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

Immediate cause of death

Due to Shot self with 12 gauge shotgun.

Due to

164c

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.

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

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

(b) Date of occurrence Aug 2-1944

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

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

While at work? (e) Means of injury

23. Signature W M Wallace J P (M. D. or other) 3

Address Kennett Mo Date signed 8/2-44

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Office No. 2,
District File Number 104-2382
Date Filed 10-12-41

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 Walter A. Hawkins

Licensed Embalmer No. 2002

P. O. Address Kennett 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.