

S. No. 2  
8-43  
5-17-39  
PI X37823

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

34771  
State File No.

FILED OCT 19 1944  
Registration District No. 208

Primary Registration District No. 4320

Registrar's No. 49

4  
2  
0  
WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:  
(a) County Marion  
(b) City or town Palmyra  
(c) Name of hospital or institution: 410 S. Main 1  
(d) Length of stay: In hospital or institution 5 years  
In this community years, months or days

2. USUAL RESIDENCE OF DECEASED:  
(a) State Missouri (b) County Marion 64  
(c) City or town Palmyra 2  
(d) Street No. 410 S Main  
(e) Citizen of foreign country? No. (Yes or No)  
If yes, name country

3. (a) PRINT FULL NAME Helen Margaret Nicol  
(b) If veteran, name war No  
(c) Social Security No. No.

4. Sex Female 5. Color or race White  
6. (a) Single, widowed, married, divorced Single  
6. (c) Age of husband or wife if alive years  
7. Birth date of deceased March 4 1886  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
78 6 0 hr. min.

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

10. Usual occupation at home

11. Industry or business  
12. Name Henry M. Nicol  
13. Birthplace Germany 4  
14. Maiden name Anna C. Brand  
15. Birthplace Germany 4

16. (a) Informant Mrs Ida Norman  
(b) Address Palmyra, Mo.  
17. (a) Burial (b) Date thereof 9/6/44  
(c) Place: burial or cremation Greenwood Cemetery

18. (a) Signature of funeral director Lewis M...  
(b) Address Palmyra Mo.

19. (a) 9/5/44 (b) Mrs Margaret Madley  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month September 3  
year 1944 hour 11 minute 0 P.M.  
21. I hereby certify that I attended the deceased from 1944 to September 3, 1944  
that I last saw her alive on September 3, 1944  
and that death occurred on the date and hour stated above.

Immediate cause of death Hemiplegia  
Due to APOPLEXY  
Duration

Other conditions (Include pregnancy within 3 months of death)  
Major findings: Of operations  
Of autopsy  
8301  
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?  
(d) Did injury occur in or about home, on farm, in industrial place, in public place?

23. Signature: M...  
Address Palmyra Date signed 9/5.44  
(M. D. coother)

1145

9/5.44

**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.....

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

Signed Rob. Lewis

Licensed Embalmer No. 7382

P. O. Address Valmipa 700

**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.**