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v. 5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. _____
Registrar's No. 258

FILED NOV 24 1944

Registration District No. 176 Primary Registration District No. 3026

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

1. PLACE OF DEATH:

(a) County Jackson

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

(c) Name of hospital or institution:
1116 South Pope
(If not in hospital or institution, write street number or location) 1

(d) Length of stay: In hospital or institution 17 years (Specify whether years, months or days)

In this community 17 years (Specify whether years, months or days)

3. (a) PRINT FULL NAME JUNE C. NICHOLS

3. (b) If veteran, name war None

3. (c) Social Security No. None

4. Sex Female

5. Color or race White

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

6. (b) Name of husband or wife _____

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

7. Birth date of deceased April 19, 1927
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>17</u>	<u>6</u>	<u>21</u>	hr. _____ min.

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

10. Usual occupation School

11. Industry or business _____

12. Name Earl R. Nichols

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

14. Maiden name Anna E. Hill

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

16. (a) Informant Earl R. Nichols

(b) Address Independence, Missouri

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

(c) Place: burial or cremation Memorial Park, George C. Carson

18. (a) Signature of funeral director _____

(b) Address Independence, Missouri

19. (a) 10-16-1944 (Date received local registrar) James Rose (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson

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

(d) Street No. 1116 South Pope
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 16 th
year 1944 hour 12 minute 30 A. M.

21. I hereby certify that I attended the deceased from June 1944 to October 16 1944
that I last saw him alive on _____ and that death occurred on the date and hour stated above.

Immediate cause of death acute exacerbation of chronically recurrent myocardial decompensation due to chronic rheumatic myocarditis and endocarditis

Due to _____

Due to _____

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

Major findings: Of operations 910

Of autopsy _____

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? _____

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

23. Signature M. L. Whetstone (M. D. or other) MD.
Address Independence, Mo. Date signed 10/16/44

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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 *Abby C. Carson*

Licensed Embalmer No. *4199*

P. O. Address *Independence*

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.