DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 38505

FILED NOV 27 1944

Registrar's District No. 270 | Primary Registration District No. 3050 | Registrar's No. 106

1. PLACE OF DEATH:

(a) County: Pemiscot

(b) City or town: Caruthersville (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 X (Specify whether years, months or days) 1

In this community

2. USUAL RESIDENCE OF DECEASED:

(a) State: Missouri (b) County: Pemiscot 77

(c) City or town: Caruthersville, (If outside city or town limits, write "RURAL") 1

(d) Street No.: 702 Grand Avenue (If rural, give location) 2

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

If yes, name country

3. (a) PRINT FULL NAME: Lorenzo Dow Nichol

3. (b) If veteran, name war:

3. (c) Social Security No.:

4. Sex: Male 0

5. Color or race: W

6. (a) Single, widowed, married, divorced: 2

6. (b) Name of husband or wife:

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

7. Birth date of deceased: April (Month) 24 (Day) 1863 (Year)

8. AGE: Years 81 | Months 5 | Days 9 | If less than one day hr. min.

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

10. Usual occupation: Minister

11. Industry or business:

FATHER 12. Name: L. A. Nichol

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

MOTHER 14. Maiden name: Ruth E. Mitchell

15. Birthplace: Do Not Know (City, town, or county) (State or foreign country) 4

16. (a) Informant: Mrs. M. D. Amburgey

(b) Address: Caruthersville, Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 10-5-1944 (Month) (Day) (Year)

(c) Place: burial or cremation: Salem, Missouri

18. (a) Signature of funeral director: H. B. Lail Funeral Home

(b) Address: Caruthersville, Missouri

19. (a) 10-3-1944 (Date received local registrar) (b) Jessie N. Markey (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day Third year 1944 hour 10 minute 30 P.M.

21. I hereby certify that I attended the deceased from August 15, 1944, to Oct 3 1944 that I last saw h[illegible] alive on Oct 3 1944 and that death occurred on the date and hour stated above.

Immediate cause of death: Uremia

Due to:

Due to: Pneumonia

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

Duration: 4 wks; 3 days

Major findings: Of operations: ADDITIONAL SUPPLEMENTARY INFORMATION REQUESTED

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? (Specify type of place)

While at work? (e) Means of injury:

23. Signature: [illegible] (M. D. or other)

Address: Date signed 10/16/44

1204 (Licensed Embalmer's Statement on Reverse Side)

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

0M—2-43
5-17-39
X35697

NOV 23 1944

NOV 29 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 Elvin E. Lacy III, Registered Apprentice No. 368, 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.