

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED FEB 16 1945

Registration District No. 187

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

6560

Primary Registration District No. 3040

Registrar's No. 13

1. PLACE OF DEATH:

(a) County Lickingston
(b) City or town Chillicothe
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
327 - Cherry St.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 5 (Specify whether)
In this community 40 - years (years, months or days)

3. (a) PRINT FULL NAME George W. Nichols

3. (b) If veteran, name war 760 3. (c) Social Security No. -

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Mabel Y. Nichols 6. (c) Age of husband or wife if alive 69 years
7. Birth date of deceased May 31 - 1888
(Month) (Day) (Year)

8. AGE: Years 86 Months 7 Days 5 If less than one day hr. min.

9. Birthplace Boon Co. Mo.
(City, town, or county) (State or foreign country)

10. Usual occupation Laborer - Retired

11. Industry or business

12. Name Lincoln Nichols

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

14. Maiden name Mar. Dowell

15. Birthplace Boon Co. Mo.
(City, town, or county) (State or foreign country)

16. (a) Informant Lincoln E. Nichols

(b) Address Chillicothe, Mo.

17. (a) Burial (b) Date thereof 1-29-45
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Edge Wood Cmt.

18. (a) Signature of funeral director Wm. Collins

(b) Address Chillicothe, Mo.

19. (a) Jan 27 - 1945 (b) Lawrence
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Lickingston
(c) City or town Chillicothe, Mo.
(If outside city or town limits, write "RURAL")
(d) Street No. 327 - Cherry St.
(If rural, give location)
(e) Citizen of foreign country? No. (Yes or No)
If yes, name country -

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 26
year 1945 hour 10 minute 30 A.M.

21. I hereby certify that I attended the deceased from Jan 25 to Jan 26, 1945.
that I last saw him alive on Jan 25 and that death occurred on the date and hour stated above.

Immediate cause of death Heart decompensation
Due to Chronic Myocarditis

Other conditions (Include pregnancy within 3 months of death) 93 d

Major findings: Of operations X
Of autopsy X

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

(a) Accident, suicide, or homicide (specify) X
(b) Date of occurrence X
(c) Where did injury occur X
(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 X
23. Signature P. D. Brennan (M. D. or other)
Address Chillicothe, Mo. Date signed 1/27/45

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

458

(Licensed Embalmer's Statement on Reverse Side)

DEC 11 1955

FEB 8 1956

APR 14 1956

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.....

Wayne Hollins

Licensed Embalmer No.....

P. O. Address.....

*1164
Chillicothe 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.