

Registration District No. 46 Primary Registration District No. 5150

1. PLACE OF DEATH:
 (a) County Caldwell
 (b) City or town Hamilton Twp. Rural
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: none
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution none
 (Specify whether years, months or days) 73 years

2. USUAL RESIDENCE OF DECEASED:
 (a) State MO. (b) County Caldwell
 (c) City or town Rural
 (If outside city or town limits, write "RURAL")
 (d) Street No. 5 mi N. W. of Hamilton
 (If rural, give location)
 (e) Citizen of foreign country? NO. (Yes or No)
 If yes, name country _____

3. (a) PRINT FULL NAME Rachel Isabell Nichlos
 3. (b) If veteran, name war _____
 3. (c) Social Security No. none

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month Nov day 18
 year 1948 hour _____ minute 9 A.M.
 21. I hereby certify that I attended the deceased from Sept. 2
 _____, 194, to Nov. 18, 1944
 that I last saw him alive on Nov. 18, 1944;
 and that death occurred on the date and hour stated above.

4. Sex Female
 5. Color or race White
 5. (a) Single, widowed, married, divorced Married
 6. (b) Name of husband or wife Willard Nichlos
 6. (c) Age of husband or wife if alive 74 years
 7. Birth date of deceased Dec 29 1870
 (Month) (Day) (Year)

Immediate cause of death Cerebral Thrombosis
 Duration _____

8. AGE: Years 73 Months 10 Days 20
 If less than one day _____ hr. _____ min.

Due to _____
 Due to _____

9. Birthplace Kelly Twp Caldwell Co Mo.
 (City, town, or county) (State or foreign country)

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

10. Usual occupation House wife

Major findings: _____
 Of operations _____
 Of autopsy _____

11. Industry or business _____

MOTHER FATHER { 12. Name David Crockett Rogers
 13. Birthplace Wayne Co Ky.
 14. Maiden name Daisy Katharine Bell
 15. Birthplace Wayne Co Ky.

PHYSICIAN _____
 Underline the cause to which death should be charged statistically.

16. (a) Informant Anna Eliza Clark
 (b) Address Hamilton Mo

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)

17. (a) Burial (b) Date thereof Nov 20 1944
 (Burial, cremation, or removal) (Month) (Day) (Year)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

(c) Place: burial or cremation Highland Cem Hamilton Mo.

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

18. (a) Signature of funeral director Frank & Sons
 (b) Address Hamilton Mo

23. Signature Henry H. Elster (M.D. or other) NO
 Address Hamilton Mo Date signed Nov 19 1944

19. (a) Feb 12 45 (b) Covonne Jarets
 (Date received local registrar) (Registrar's signature)

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

13
 10
 0

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 me

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

Signed Marion A. Brown

Licensed Embalmer No. 3918

P. O. Address Hamilton 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.