

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

26695

State File No. _____

FILED SEP 13 1945

Registrar's No. 7A

Registration District No. _____ Primary Registration District No. 5014

1. PLACE OF DEATH:
 (a) County Andrew
 (b) City or town Jefferson Township
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
51 SOUTH SAVANNAH 1
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution _____
(Specify whether _____)
 In this community 88 yrs.
years, months or days

2. USUAL RESIDENCE OF DECEASED:
 (a) State Missouri (b) County Andrew
 (c) City or town Rural
(If outside city or town limits, write "RURAL")
 (d) Street No. _____
(If rural, give location)
 (e) Citizen of foreign country? no (Yes or No)
 If yes, name country _____

3. (a) PRINT FULL NAME William Rowland Nuckols
 (b) If veteran, name war _____
 (c) Social Security No. _____

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month 8 day 16
 year 1945 hour 6 minute 30 A.M.
 21. I hereby certify that I attended the deceased from Jan 6th 1945
11th, 1945, to Aug 16th, 1945
 that I last saw him alive on Aug 15th, 1945
 and that death occurred on the date and hour stated above.

4. Sex M 5. Color or race W 6. (a) Single, widowed, married, divorced W
 7. Birth date of deceased: Feb 18 1857
(Month) (Day) (Year)

Immediate cause of death: acute Insufficiency
 Due to Uremia

8. AGE:	Years	Months	Days	If less than one day
	<u>88</u>	<u>5</u>	<u>28</u>	hr. _____ min. _____

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

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

10. Usual occupation: Retired Farmer

Major findings: 9/20
 Of operations _____
 Of autopsy _____
 Underline the cause to which death should be charged statistically.

11. Industry or business _____

12. Name Joseph Nuckols

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

14. Maiden name Ruth Ann Chamberland

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

16. (a) Informant John Nuckols

(b) Address R.F.D. 3 St. Joseph Mo

17. (a) _____ (b) Date thereof: 8-19-1945
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation SAVANNAH

18. (a) Signature of funeral director E. B. Greig

(b) Address Savannah Mo

19. (a) 8-18-45 (b) J. N. Fitchman
(Date received local registrar) (Registrar's signature)

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 J. G. Hoshor (M. D. or other) _____
 Address Savannah Mo Date signed 8-18-45

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

1072

(Licensed Embalmer's Statement on Reverse Side)

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..... *E. B. Breit*

Licensed Embalmer No. *2650*

P. O. Address *Sammah 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.