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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 40863

Registration District No. JAN 19 1946

Primary Registration District No. 5225

Registrar's No. 62

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

1. PLACE OF DEATH:

(a) County Cass

(b) City or town Rural (Index) Twp

(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 Life (Specify whether

In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Cass 19

(c) City or town Rural 0

(If outside city or town limits write "RURAL")

(d) Street No. 5 miles South of Strasburg Mo. 0

(If rural, give location)

(e) If foreign born, how long in U. S. A.? years.

3. (a) PRINT FULL NAME Mary Alice Nichols

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex female /

5. Color or race white

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

6. (b) Name of husband or wife David E. Nichols

6. (c) Age of husband or wife if alive 77 years

7. Birth date of deceased May 5 (Month) (Day) 1876 (Year)

8. AGE: Years 69 Months 7 Days 18 If less than one day hr. min.

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

10. Usual occupation Housewife

11. Industry or business

FATHER
12. Name Thomas Burden
13. Birthplace ? (City, town, or county) Ky. / (State or foreign country)

MOTHER
14. Maiden name Sidney Furgeson
15. Birthplace Johnson Co. (City, town, or county) Missouri / (State or foreign country)

16. (a) Informant Charley Nichols

(b) Address Kingsville, Missouri.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 12-26-45 (Month) (Day) (Year)

(c) Place: burial or cremation Hornsbey cemetery

18. (a) Signature of funeral director Allen Brownfield

(b) Address Pleasant Hill, Missouri

19. (a) 12-27-45 (Date received local registrar) (b) Laura J. Jones (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December day 23rd year 1945 hour 5 minute 30 P. M.

21. I hereby certify that I attended the deceased from August, 1939, to December 23, 1945 that I last saw her alive on Dec. 23, 1945 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Cerebral hemorrhage	
Due to essential hypertension	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
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 Jameson Holmberg (M. D. or other) DO

Address Holden, Mo. Date signed 12/25/45

1483 (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

By me 12-23-45, Registered Apprentice No.,

working under my personal supervision.

Signed Allen Brownfield

Licensed Embalmer No. 3785

P. O. Address Pleasant Hill, M

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, above space should be left blank.