

FILED FEB 8 1948

Registration District No. 38

Primary Registration District No. 3006

Registrar's No. 26

1. PLACE OF DEATH:

(a) County Boone
 (b) City or town Columbia
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
603 Elm St. /
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution _____
(Specify whether years, months or days)
 In this community 25 Years

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Boone
 (c) City or town Columbia
(If outside city or town limits, write "RURAL")
 (d) Street No. 603 Elm St.
(If rural, give location)
 (e) Citizen of foreign country? No (Yes or No)
 If yes, name country _____

3. (a) PRINT FULL NAME TABITHA ELLEN NICHOLS

3. (b) If veteran, name war None
 3. (c) Social Security No. None

4. Sex Female / 5. Color or race White
 6. (a) Single, widowed, married, divorced Married

7. (b) Name of husband or wife William Ira Nichols
 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased: 4 - 12 - 1865
(Month) (Day) (Year)

8. AGE: Years 80 Months 9 Days 14
 If less than one day _____ hr. _____ min.

9. Birthplace Boone County Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation At Home

11. Industry or business _____

MOTHER FATHER

12. Name Overton Wilcoxon

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

14. Maiden name Emily Hamilton

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

16. (a) Informant Artie H. Nichols

(b) Address Columbia, Mo.

17. (a) Burial (b) Date thereof 1-30-46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation New Liberty Cemetery

18. (a) Signature of funeral director Palmer Funeral Service
Columbia, Mo.

(b) Address _____

19. (a) 1-30-46 (b) Mrs R E Palmer
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 26
 year 1946 hour 9 minute _____ P. M.

21. I hereby certify that I attended the deceased during 1945
and up to 1946 and that I last saw him alive on 1-20- 1945
 and that death occurred on the date and hour stated above.
 Immediate cause of death Myocarditis Duration _____

Due to _____

Due to _____

Other conditions Blind 1 yr.
(Include pregnancy within 3 months of death)

Major findings: Of operations None

Of autopsy None

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) No

(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?
No

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

23. Signature W. P. Deane (M. D. or other) MD
 Address Calumet, Ill. Date signed 1-30-46

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

RECEIVED

District Health Officer No. 9,

District File Number.....

Date Filed 2-2-46 9,

MAR 29 1949

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 M. W. Mitsides
Licensed Embalmer No. 3893
P. O. Address Columbus

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.