

FILED APR 18 1946

Registration District No. 277

Primary Registration District No. 4366

Registrar's No. 41

1. PLACE OF DEATH:

(a) County Newton
 (b) City or town Granby, Mo.
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
At Home
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 45 years
(Specify whether years, months or days)
 In this community 45 years
(Specify whether years, months or days)

3. (a) PRINT FULL NAME Rosetta Nichols
 3. (b) If veteran, name war ----
 3. (c) Social Security No. -----

4. Sex F / 5. Color or race W
 6. (a) Single, widowed, married, divorced or widowed
 6. (b) Name of husband or wife G. E. Nichols
 6. (c) Age of husband or wife if alive Dead years
 7. Birth date of deceased Aug. 7, 1870
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>75</u>	<u>6</u>	<u>24</u>	<u>-</u> hr. <u>--</u> min.

9. Birthplace St. Paul, Kan.
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business _____

12. Name unknown
 13. Birthplace _____
(City, town, or county) (State or foreign country)
 14. Maiden name unknown
 15. Birthplace _____
(City, town, or county) (State or foreign country)

16. (a) Informant Gladys Nichols
 (b) Address Granby, Mo.

17. (a) Burial (b) Date thereof Mar. 3 -46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Granby Cemetery

18. (a) Signature of funeral director W. D. Roon

(b) Address Cassville, Mo.

19. (a) 3-8-1946 (b) M. L. Young
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Newton **73**
 (c) City or town Granby **1**
(If outside city or town limits, write "RURAL")
 (d) Street No. _____
(If rural, give location) **6**
 (e) Citizen of foreign country? No **0**
(Yes or No)
 If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day third
 year 1946 hour 2 minute 10 PM

21. I hereby certify that I attended the deceased from February 23rd 1946 to March 2 1946;

that I last saw her alive on March 2 1946;

and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma of the liver involving the common bile duct. **Duration**

Due to _____

Due to _____

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

Major findings:
 Of operations _____
 Of autopsy 46K

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? _____

While at work? _____
(Specify type of place) (e) Means of injury 0

23. Signature C. E. Manceaux MD (M. D. or other)

Address Newstio, Mo. Date signed 3/5/46

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

RECEIVED

District Health Officer No. _____
District File Number 446-57
Date Filed 7-17-46

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 J. C. Canada
Licensed Embalmer No. 4196
P. O. Address Cassville, 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.