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

13018

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAY 14 1946

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 14115

Registration District No. 282 Primary Registration District No. 4421 Registrar's No. 25

1. PLACE OF DEATH:

(a) County Platte

(b) City or town Parkville Petta
(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 ..... (Specify whether
In this community 79 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Platte 83

(c) City or town Parkville 0
(If outside city or town limits, write "RURAL")

(d) Street No. 0
(If rural, give location) 0

(e) Citizen of foreign country? No (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME Lewis Nichols

3. (b) If veteran, name war None

3. (c) Social Security No. None

4. Sex Male 2

5. Color or race Col

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

6. (b) Name of husband or wife Nannie Nichols

6. (c) Age of husband or wife if alive 71 years

7. Birth date of deceased August 5, 1866
(Month) (Day) (Year)

8. AGE: Years 79 Months 8 Days 9 If less than one day ..... hr. ..... min.

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

10. Usual occupation Gardener

11. Industry or business

FATHER
12. Name Johsua Nichols
13. Birthplace (City, town, or county) Missouri (State or foreign country)

MOTHER
14. Maiden name America Campbell
15. Birthplace (City, town, or county) Missouri (State or foreign country)

16. (a) Informant Nannie Nichols
(b) Address Parkville, Missouri

17. (a) burial (Burial, cremation, or removal) (b) Date thereof 4/16/46 (Month) (Day) (Year)
(c) Place: burial or cremation Parkville, Missouri

18. (a) Signature of funeral director Watkins Bros
(b) Address 1729 Lydia

19. (a) 4-15-46 (Date received local registrar) (b) Mrs. Ophia Rollins (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 14
year 1946 hour 8:30 minute A. M.

21. I hereby certify that I attended the deceased from July 1945, to April 9, 1946, that I last saw him alive on April 9, 1946 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Cancer of Prostate	2 yrs
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations
Of autopsy 5 l

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 D. J. Underwood (M. D. or other) 0
Address Parkville Mo Date signed 4/15

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(Licensed Embalmer's Statement on Reverse Side)

Dr Underwood.

DISTRICT HEALTH OFFICE
Cameron, Mo.

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 D. Jerome Manlove

Licensed Embalmer No. 399f

P. O. Address 2503 Highland

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.