

FILED JUL 29 1946
Registration District No. 38

Primary Registration District No. 3006

Registrar's No. 166

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: 111 St. James St. 1
(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 16 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. 111 St. James St.
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME IDA MAE 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, Widowed

6. (b) Name of husband or wife D.H. Nichols

6. (c) Age of husband or wife if alive 1866 years

7. Birth date of deceased: 3 - 8 - 1866
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>80</u>	<u>4</u>	<u>9</u>	_____ 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 Tyre Roberts

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

14. Maiden name Sally Smith

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

16. (a) Informant O.T. Nichols

(b) Address 111 St. James St., Columbia, Mo.

17. (a) Burial (b) Date thereof 7-19-46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation New Salem Cemetery

18. (a) Signature of funeral director Parson Funeral Service

(b) Address Columbia, Mo.

19. (a) 7-19-46 (b) Mrs. R.E. Palmer
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 17
1946 year hour 6 minute 45 P. M.

21. I hereby certify that I attended the deceased from 2-19-46 to 7-17-46
that I last saw her alive on 7-14-46 and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral thrombosis
Blow to head 7 weeks

Due to High B.P.

Due to _____

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

Major findings: None

Of operations _____

Of autopsy None

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) None

(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? None (Specify type of place) (e) Means of injury _____

23. Signature W.D. Neer (M. D. or other) _____
Address Calumet Mo. Date signed 7-18-46

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

RECEIVED
District Health Officer No. 9,
District File Number.....
Date Filed 1-26-46

JUL 30 1946

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 Thomas L. Lundy
Licensed Embalmer No. 41321
P. O. Address Chumbua, 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.