

No. 2  
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5-17-39  
X35697

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS  
**FILED JUL 14 1947**

STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

20325

State File No. \_\_\_\_\_  
Registrar's No. 105-

Registration District No. 59 Primary Registration District No. 4099

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

1. PLACE OF DEATH:  
(a) County Cass  
(b) City or town Pleasant Hill  
(c) Name of hospital or institution: 117 S Campbell  
(d) Length of stay: In hospital or institution 77 yrs  
In this community 77 yrs

2. USUAL RESIDENCE OF DECEASED:  
(a) State Mo. (b) County Cass  
(c) City or town Pleasant Hill  
(d) Street No. 117 S Campbell  
(e) Citizen of foreign country? \_\_\_\_\_

3. (a) PRINT FULL NAME Ida May Nichols  
(b) If veteran, name war \_\_\_\_\_ (c) Social Security No. 500-03-1090

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month June day 28  
year 1947 hour 6:05 minute A M.

4. Sex Fe 5. Color or race wh  
6. (a) Single, widowed, married, divorced Widow  
(b) Name of husband or wife Lee Nichols  
(c) Age of husband or wife if alive \_\_\_\_\_ years  
7. Birth date of deceased May 26 1870

21. I hereby certify that I attended the deceased from \_\_\_\_\_ 19\_\_\_\_ to 28 June 1947  
that I last saw her alive on 26 June 1947  
and that death occurred on the date and hour stated above.

8. AGE: Years 77 Months 1 Days 2  
If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

Immediate cause of death: CEREBROVASCULAR ACCIDENT.

9. Birthplace Pleasant Hill Mo  
10. Usual occupation at Home

Due to 1 My infarction  
2 Cardiovascular disease

MOTHER FATHER  
11. Industry or business \_\_\_\_\_  
12. Name Joseph J. Nichols  
13. Birthplace Unknown Mass.  
14. Maiden name Susan S. Smith  
15. Birthplace Unknown Ky

Other conditions None  
Major findings: Of operations None  
Of autopsy NO

16. (a) Informant Jennie Mickelson  
(b) Address Pleasant Hill  
17. (a) Burial (b) Date thereof 6-30-47  
(c) Place: burial or cremation Union Baptist Ch  
18. (a) Signature of funeral director J. H. Herrick  
(b) Address Pleasant Hill Mo.  
19. (a) July 7, 1947 (b) Laura J. Jones

22. If death was due to external causes, fill in the following:  
(a) Accident, suicide, or homicide (specify) None  
(b) Date of occurrence None  
(c) Where did injury occur? No  
(d) Did injury occur in or about home, on farm, in industrial place, in public place? \_\_\_\_\_

23. Signature AW Eklund (M. D. or other) M.D.  
Address Pleasant Hill Mo Date signed 6-28-47

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**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. Virgil Herrick* .....

Licensed Embalmer No. *3599* .....

P. O. Address..... *Pleasant Hill* .....

**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.**