S. No. 300
M—10-47
v. 5-17-39
I 3906

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED MAR 24 1948

Registration District No. 244

MISSOURI DIVISION OF HEALTH

# STANDARD CERTIFICATE OF DEATH

State File No. 9813

Primary Registration District No. 3056

Registrar's No. 85

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

88
6
3

**1. PLACE OF DEATH:**

(a) County Randolph

(b) City or town Moberly
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Woodland Hospital 0
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution ..... (Specify whether
In this community ..... years, months or days)

**2. USUAL RESIDENCE OF DECEASED:**

(a) State Missouri (b) County Randolph 88

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

(d) Street No. R.F.D. #1 0
(If rural, give location)

(e) Citizen of foreign country? no (Yes or No) 1

If yes, name country .....

**3. (a) PRINT FULL NAME** Arthur Nichols

3. (b) If veteran, name war .....

3. (c) Social Security No. .....

4. Sex male 0

5. Color or race white

6. (a) Single, widowed, married, divorced married 1

6. (b) Name of husband or wife Annie L. Nichols

6. (c) Age of husband or wife if alive 64 years

7. Birth date of deceased June (Month) 12 (Day) 1878 (Year)

8. AGE: Years 69 Months 8 Days 23 If less than one day ..... hr. ..... min.

9. Birthplace Randolph County (City, town, or county) Missouri (State or foreign country) 0

10. Usual occupation farming

11. Industry or business .....

FATHER
12. Name W.P. Nichols
13. Birthplace Randolph County (City, town, or county) Missouri (State or foreign country) 0

MOTHER
14. Maiden name Ruth Harrison
15. Birthplace Macon County (City, town, or county) Missouri (State or foreign country) 0

16. (a) Informant Mrs. Arthur Nichols
(b) Address Clifton Hill, Missouri

17. (a) burial (Burial, cremation, or removal) (b) Date thereof 3/7/1948 (Month) (Day) (Year)
(c) Place: burial or cremation Huntsville, Missouri

18. (a) Signature of funeral director Tom B. Patton
(b) Address Huntsville, Mo

19. (a) Mar 15-48 (Date received local registrar) (b) Leah Williams Lowe (Registrar's signature) 11-4

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month March day 5 year 1948 hour 1:15 P.M. minute ..... M.

21. I hereby certify that I attended the deceased from Dec. 13, 1947, to Mar. 5, 1948, that I last saw him alive on Mar. 5, 1948; and that death occurred on the date and hour stated above.

| Immediate cause of death | Duration |
|---|---|
| Uremia | 3 mo. |
| Due to Arteriosclerotic Nephritis | 3 yrs |
| Due to Generalized Arteriosclerosis | 5 yrs |
| Other conditions Pleural effusion, Rt. (Include pregnancy within 3 months of death) | 3 mo. |

Major findings:
Of operations .....
Of autopsy .....

97

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 0

23. Signature J. W. Clemmy Jr. (M. D. ~~or other~~)

Address Moberly Mo Date signed 13 Mar 48

(Licensed Embalmer's Statement on Reverse Side)

MAY 2 1952

RECEIVED
District Health Officer No. 10
District File Number 3-48-540
MAR 22 1948
Date Filed

## 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 Tom B. Patton

Licensed Embalmer No. 3914

P. O. Address Huntsville, Tn

**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.**