

FILED MAY 15 1948

Registration District No. 3

Primary Registration District No. 3069

Registrar's No. 1083

1. PLACE OF DEATH:

(a) County St Louis

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

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

(d) Length of stay: In hospital or institution 5 Days  
(Specify whether years, months or days)

In this community \_\_\_\_\_

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County \_\_\_\_\_

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

(d) Street No. \_\_\_\_\_  
(If rural, give location)

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

3. (a) PRINT FULL NAME Mable Fernice Nichols

3. (b) If veteran, name war no 3. (c) Social Security No. none

4. Sex FEMALE 5. Color or race white 6. (a) Single, widowed, married, divorced MARRIED

6. (b) Name of husband or wife ASHLEY NICHOLS 6. (c) Age of husband or wife if alive 54 years

7. Birth date of deceased: July 7 1891  
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<u>56</u>	<u>9</u>	<u>9</u>	hr. _____ min. _____

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

10. Usual occupation Housewife

11. Industry or business \_\_\_\_\_

12. Name Born Wolfgang Matt

13. Birthplace Mo  
(City, town, or county) (State or foreign country)

14. Maiden name Wida Marion

15. Birthplace Downing, Mo  
(City, town, or county) (State or foreign country)

16. (a) Informant MA Ashley Nichols

(b) Address Moberly, Mo

17. (a) Removal (b) Date thereof 4-28-48  
(Burial, cremation, or removal) (Month) (Day) (Year)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 26 year 1948 hour 12 minute 40 P.M.

21. I hereby certify that I attended the deceased from 4-22, 1948, to 4-26, 1948  
that I last saw her alive on 4-26 and that death occurred on the date and hour stated above.

Immediate cause of death:

Pulmonary Infection 18 hrs

Cerebral Embolus 12 hrs

Due to operation for relief of Intestinal Obstruction 43 hrs

Due to old Post operative adhesions 32 yrs

Other conditions none

(Include pregnancy within 3 months of death)

Duration

18 hrs

12 hrs

43 hrs

32 yrs

Major findings: See above

Of operations See above

Of autopsy not done

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? \_\_\_\_\_

23. Signature E. Lee Shroder (M. D. or other) \_\_\_\_\_  
Address 3720 Washington Date signed 4/26/48

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

Rowland Mortuary Service  
4104 Manchester Ave  
Moberly, Mo

4-29-48

RECEIVED

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 Ronald O. Zahube

Licensed Embalmer No. 3917

P. O. Address St. Louis

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.