

FILED JUL 30 1948

Registration District No. **314**

Primary Registration District No. **4459**

Registrar's No. **43**

1. PLACE OF DEATH:

(a) County **St. Clair**
(b) City or town **Osceola**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: **1**
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **20 years**
(Specify whether years, months or days)

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

3. (b) If veteran, name war **no** 3. (c) Social Security No. **no**

4. Sex **male** 5. Color or race **White** 6. (a) Single, widowed, married, divorced **Married**

6. (b) Name of husband or wife **Alma Nichols** 6. (c) Age of husband or wife if alive **57** years

7. Birth date of deceased **March 26 1885**
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	63	3	2	hr. min.

9. Birthplace **Harrison County Missouri**
(City, town, or county) (State or foreign country)

10. Usual occupation **Farming**

11. Industry or business

12. Name **Amos W. Nichols**

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

14. Maiden name **Mary Clutter**

15. Birthplace **Unknown**
(City, town, or county) (State or foreign country)

16. (a) Informant **Rude Nichols**

(b) Address **Osceola Missouri**

17. (a) **burial** (b) Date thereof **7/1/48**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Yeater Cemetery**

18. (a) Signature of funeral director **F. B. Goodrich**

(b) Address **Osceola Missouri**

19. (a) **6-30-48** (b) **Walter Seavers**
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **St. Clair**
(c) City or town **Osceola (Rural)**
(If outside city or town limits, write "RURAL")
(d) Street No. (If rural, give location)
(e) Citizen of foreign country? **No** (Yes or No)
If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **June** day **28** year **1948** hour **10** minutes **40** M.

21. I hereby certify that I attended the deceased from **off and on** **June 26** 1948, to **July 1** 1948, and that death occurred on the date and hour stated above.

Immediate cause of death **Myocarditis**
Due to **cont. disease**

Other conditions **hypertension**
(Include pregnancy within 9 months of death)

Major findings: Of operations

Of autopsy

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?

While at work? (Specify type of place) (e) Means of injury

23. Signature **Walter Seavers** (M. D. or other)
Address **Osceola** Date signed **6-30-48**

Duration
PHYSICIAN
Underline the cause to which death should be charged statistically.

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

MOTHER FATHER

RECEIVED
District Health Officer No. _____
District File Number 6-48-85
Date Filed 7-29-48

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 F. B. [Signature]
Licensed Embalmer No. 3038
P. O. Address Oscoda, Mich

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.