

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

25564

FILED AUG 30 1948

State File No.

Registration District No. 42

Primary Registration District No. 5134

Registrar's No. 876

1. PLACE OF DEATH:
 (a) County Buchanan
 (b) City or town St. Joseph (rural)
 (c) Name of hospital or institution:
R.F.D. # 6, Washington Twsp.
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 24 years
 In this community 24 years
 (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:
 (a) State Missouri (b) County Buchanan
 (c) City or town St. Joseph (rural)
R.F.D. # 6,
 (d) Street No. (If rural, give location)
 (e) Citizen of foreign country? No (Yes or No)
 If yes, name country

3. (a) PRINT FULL NAME FLORA BELLE NICHOLS
 3. (b) If veteran name war None
 3. (c) Social Security No. None

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month August day 18
 year 1948 hour 3 minute :20P.M.

4. Sex Female 5. Color of race White
 6. (a) Single, widowed, married, divorced Widowed
 6. (b) Name of husband or wife George T.
 6. (c) Age of husband or wife if alive dead years
 7. Birth date of deceased: September 21, 1873
 (Month) (Day) (Year)

21. I hereby certify that I attended the deceased from August 16,
1948 to August 18, 1948
 that I last saw her alive on August 18, 1948
 and that death occurred on the date and hour stated above.

8. AGE: Years 74 Months 10 Days 27
 If less than one day hr. min.

Immediate cause of death
Heart failure due to
Coronary sclerosis and diabetic
coma.
 Due to Coronary sclerosis and diabetic
Coma.
 Other conditions (Include pregnancy within 3 months of death)

9. Birthplace Lawson Missouri
 (City, town, or county) (State or foreign country)
 10. Usual occupation Housekeeper

Major findings:
 Of operations
 Of autopsy 6
 PHYSICIAN
 Underline the cause to which death should be charged statistically.

11. Industry or business Home
 12. Name Fred Nolker
 13. Birthplace Unknown Germany 4
 (City, town, or county) (State or foreign country)
 14. Maiden name Judith Ifigg
 15. Birthplace Unknown Germany 4
 (City, town, or county) (State or foreign country)

16. (a) Informant John Nichols (son)
 (b) Address R.F.D. # 6, St. Joseph, Mo
 17. (a) Burial (b) Date thereof 8/20/48
 (Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation Mt. Auburn Cemetery

22. If death was due to external causes, fill in the following:
 (a) Accident, suicide, or homicide (specify)

18. (a) Signature of funeral director John E. Papp
 (b) Address 6054 Pryor Ave. City
 19. (a) 8-23-48 (b) E. A. Jenkins
 (Date received local registrar) (Registrar's signature)

(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) (e) Means of injury

23. Signature E. Handley (M. D. or other) MD
 Address 311 Physician & Surgeons Date signed 8-20-48
St. Joseph, Mo.

WALIE PLAINLI - USE UNIFORM DEATH IN TAKE A FEMURERY REG

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.....

.....
working under my personal supervision.

Registered Apprentice No.....

Signed.....

Licensed Embalmer No.....

P. O. Address.....

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.