No. 2
—1/47
5-17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 33833

FILED OCT 21 1948

Registration District No. 3708 — Primary Registration District No. 6047 — Registrar's No.

1. PLACE OF DEATH:
(a) County: St. Charles
(b) City or town: Rural Rt. #2 Wentzville, Mo. (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: RR#2 Wentzville, Mo. (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution ..... (Specify whether years, months or days)
In this community .....

2. USUAL RESIDENCE OF DECEASED:
(a) State: Missouri (b) County: St. Charles 92
(c) City or town: Rural Route #2 Wentzville, Mo. (If outside city or town limits, write "RURAL") 0
(d) Street No.: RR#2 Wentzville, Mo. (If rural, give location) 0
(e) Citizen of foreign country? No (Yes or No)
If yes, name country .....

3. (a) PRINT FULL NAME: Mr. George Emmit Nichols
3. (b) If veteran, name war: No
3. (c) Social Security No.: 497-01-2417
4. Sex: M 0
5. Color or race: W
6. (a) Single, widowed, married, divorced: Married 1
6. (b) Name of husband or wife: Mary Agnes Monyhan Nichols
6. (c) Age of husband or wife if alive: 63 years
7. Birth date of deceased: March (Month) 15 (Day) 1875 (Year)

8. AGE: Years 73 | Months 6 | Days 28 | If less than one day — hr. — min.

9. Birthplace: College Mound (City, town, or county) Missouri 0 (State or foreign country)
10. Usual occupation: Retired Farmer
11. Industry or business: Farming

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

MOTHER
14. Maiden name: Nancy Catherine Wright
15. Birthplace: unknown (City, town, or county) Tenn. 1 (State or foreign country)

16. (a) Informant: Mr. Dale J. Nichols
(b) Address: 5852 Bartmer Ave.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: Oct. 15 48 (Month) (Day) (Year)
(c) Place: burial or cremation: Calvery Cem.
18. (a) Signature of funeral director: [illegible]
(b) Address: 6175 Delmar Blvd. St. Louis, Mo.
19. (a) 10/16/48 (Date received by local registrar) (b) [illegible] (Registrar's signature) 458

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 13 year 1948 hour 5 minute 30 A.M.
21. I hereby certify that I attended the deceased from June 22 1948 to October 12 1948 that I last saw him alive on October 12 1948 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: CARCINOMA of PROSTATE	4 Mo.
Due to:	
Due to:	
Other conditions (Include pregnancy within 3 months of death):	

Major findings:
Of operations: NB
Of autopsy: 51

PHYSICIAN — Underline the cause of 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? 2
While at work? (Specify type of place) (e) Means of injury
23. Signature: W. S. Bergeson (M. D. or other) D.O.
Address: Wentzville, Mo. Date signed: 10/13/48

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 9,
District File Number
Date Filed 10-20-48

NOV 8

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 Jos. E. McCulloh

Licensed Embalmer No. 2460

P. O. Address 6170 Dillmar

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.