S. No. 300
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED NOV 26 1948

Registration District No. 2089

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 3043

State File No. 37365

Registrar's No. 354

1. PLACE OF DEATH:

(a) County: Marion

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

(c) Name of hospital or institution: Residence 210 South Eleventh
(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: Marion

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

(d) Street No.: 210 South Eleventh
(If rural, give location)

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

If yes, name country

3. (a) PRINT FULL NAME: Caroline Idolet Nichols

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex: Female

5. Color or race: White

6. (a) Single, widowed, married, divorced: Widowed

6. (b) Name of husband or wife: William Harve Nichols

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

7. Birth date of deceased: October 21, 1863 (Month) (Day) (Year)

8. AGE: Years 85 | Months | Days 25 | If less than one day hr. min.

9. Birthplace: Ohio (City, town, or county) (State or foreign country)

10. Usual occupation: xx

11. Industry or business: xx

FATHER
12. Name: Gershom Morrow
13. Birthplace: Ohio (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name: Belsorah C Heskett
15. Birthplace: Ohio (City, town, or county) (State or foreign country)

16. (a) Informant: Mrs. Sam Waldschlager
(b) Address: R R # 2 New London Missouri

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 11/19/48 (Month) (Day) (Year)
(c) Place: burial or cremation: Pleasant Grove, Mo.

18. (a) Signature of funeral director: W. Crawford Smith
(b) Address: 902 Broadway Hannibal Missouri

19. (a) 11-17-48 (Date received local registrar) (b) Dr. E. M. Lucke (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month November day 16 year 1948 hour 11 minute 15 P.M.

21. I hereby certify that I attended the deceased from Nov 14, 1948, 1948, to Nov 16, 1948, that I last saw her alive on Nov 16, 1948, and that death occurred on the date and hour stated above.

Immediate cause of death: Myocardial failure — Duration

Due to: Senility

Due to: Left hemoplegia

Other conditions (Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

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

23. Signature: Peter A. Hopkins (M.D. or other) D.O.
Address: 203 S 6th, Hannibal, Mo. Date signed: 11-17-48

(Licensed Embalmer's Statement on Reverse Side)

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 W. Crawford Smith

Licensed Embalmer No. 3814

P. O. Address Hannibal Missouri

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.