

972

BIRTH NO. _____ REG. DIST. NO. 322 PRIMARY REG. DIST. NO. 307L Registrar's No. 15

1. PLACE OF DEATH a. COUNTY <u>Saline</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Mo.</u> b. COUNTY <u>Saline</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Slater</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Slater</u>	
c. LENGTH OF STAY (In this place) <u>30 yrs</u>		d. STREET ADDRESS (If rural, give location)	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>none</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>John</u> b. (Middle) <u>Hamilton</u> c. (Last) <u>Nichols</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>March-16-49</u>
5. SEX <u>male</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>	8. DATE OF BIRTH <u>11-27-1864</u>
9. AGE (In years last birthday) <u>84</u>		IF UNDER 1 YEAR Months <u>3</u> Days <u>19</u>	IF UNDER 24 HRS. Hours <u></u> Min. <u></u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>retired, cement</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>none</u>	11. BIRTHPLACE (State or foreign country) <u>Chariton Co. Mo.</u>
12. CITIZEN OF WHAT COUNTRY? <u>U S</u>			
13a. FATHER'S NAME <u>John H. Nichols</u>		13b. MOTHER'S MAIDEN NAME <u>Anne Conrad</u>	14. NAME OF HUSBAND OR WIFE <u>Sidney Nichols</u>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>		16. SOCIAL SECURITY NO. <u></u>	17. INFORMANT'S SIGNATURE OR NAME AND ADDRESS <u>Mrs. Mary Henry Slater, Mo.</u>
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.			
MEDICAL CERTIFICATION			
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Fair massive Hemorrhages from Stomach</u>		INTERVAL BETWEEN ONSET AND DEATH <u></u>	
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Carcinoma of Stomach</u>			
DUE TO (c) <u></u>			
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>151X</u>			
19a. DATE OF OPERATION <u></u>	19b. MAJOR FINDINGS OF OPERATION <u></u>		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u></u>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u></u>	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Slater Saline Mo.</u>	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u></u>	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? <u></u>	
22. I hereby certify that I attended the deceased from <u>3-13-49</u> ^{PM} , to <u>3-16-49</u> , 19 <u>49</u> , that I last saw the deceased alive on <u>3-16-</u> , 19 <u>49</u> and that death occurred at <u>6:30</u> ^{AM} , from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <u>M. C. Duggins M.D.</u>		23b. ADDRESS <u>Slater, Mo.</u>	23c. DATE SIGNED <u>3-17-49</u>
24a. BURIAL CREDENTIALS <u>Burial</u>	24b. DATE <u>3/18/49</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Slater, City</u>	24d. LOCATION (City, town, or county) (State) <u>Slater, Mo.</u>
DATE REC'D BY LOCAL REG. <u>3-19-49</u>	REGISTRAR'S SIGNATURE <u>Mrs. Earl C. Metz</u>	25. FUNERAL DIRECTOR'S SIGNATURE AND ADDRESS <u>Hill Brothers, Slater, Mo.</u>	

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

RECEIVED

District Health Officer No. 8,

District File Number

Date Filed 3-22-49

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

Student Embalmer No. _____

working under my personal supervision.

Student _____
Student Embalmer

Signed Sarin M. Hill

Licensed Embalmer No. 1292

P. O. Address Slater Mo

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.