

FILED APR 12 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 11358

BIRTH NO. _____		REG. DIST. NO. <u>375</u>		PRIMARY REG. DIST. NO. <u>6277</u>		Registrar's No. <u>15</u>	
1. PLACE OF DEATH a. COUNTY <u>Wright</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Mo</u> b. COUNTY <u>Wright</u>			
b. CITY OR TOWN <u>Hartville</u>		c. LENGTH OF STAY (in this place) <u>42</u>		c. CITY OR TOWN <u>Rural Boone</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>1</u>				d. STREET ADDRESS (If rural, give location) <u>8 Miles west of Hartville</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Ruby</u> b. (Middle) <u>Chloe</u> c. (Last) <u>Nichols</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>3 17 49</u>				
5. SEX <u>F</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>7 31 1906</u>		9. AGE (In years last birthday) <u>42</u>	IF UNDER 1 YEAR Months <u>7</u> Days <u>17</u>	IF UNDER 1 HRS. Hours <u></u> Min. <u></u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>			10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <u>Manes, Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>U S A</u>
13a. FATHER'S NAME <u>Arn Wade</u>			13b. MOTHER'S MAIDEN NAME <u>Lena Marah</u>		14. NAME OF HUSBAND OR WIFE <u>Herman Nichols</u>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Herman Nichols Hartville, 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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Rheumatic heart disease</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last: DUE TO (b) <u>Acute rheumatic fever</u> DUE TO (c) <u>none</u>					INTERVAL BETWEEN ONSET AND DEATH <u>unknown</u>
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>none</u> <u>414X</u>		19a. DATE OF OPERATION <u>none</u>		19b. MAJOR FINDINGS OF OPERATION <u>none</u>			20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>no</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <u>2-5-49</u> , 19 <u>49</u> , to <u>3-14-49</u> , that I last saw the deceased alive on <u>3-14-49</u> , 19 <u>49</u> , and that death occurred at <u>1:50Pm.</u> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>Robert H Boes M.D.</u>			23b. ADDRESS <u>Marshfield, Mo</u>		23c. DATE SIGNED <u>3-26-49.</u>		
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>3 20 1949</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Mt. Zion Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Hartville, Mo</u>			
DATE REC'D BY LOCAL REG. <u>Apr. 5, 1949</u>	REGISTRAR'S SIGNATURE <u>[Signature]</u> <u>346</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>[Signature] Hartville, Mo</u>				

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED
District Health Officer No. 6,
District File Number 449-439
Date Filed 4-11-49

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 Gene E. Holden

Licensed Embalmer No. 3865

P. O. Address Hartsville, 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.