

APR 1 1940
Registration District No. 86

Primary Registration District No. 6137

State File No. _____

Registrar's No. _____

1. PLACE OF DEATH:

(a) County Texas
(b) City or town Rural
(c) Name of hospital or institution: _____
(If not in hospital or institution, write street number or location) _____
(d) Length of stay: In hospital or institution 21
In this community 10 mos
years, months or days (Specify whether _____)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Texas
(c) City or town Rural
(If outside city or town limits, write "RURAL") _____
(d) Street No. _____
(If rural, give location) _____
(e) If foreign born, how long in U. S. A. _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 21
year 1940 hour 2 minute 45 P.M.

21. I hereby certify that I attended the deceased from burying field
on way to Director of field 19____;
that I last saw him alive on 19____;
and that death occurred on the date and hour stated above.

Immediate cause of death suppant
to heart had pneumonia
L.P.A.R.

Due to _____
Due to _____
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? _____

While at work? _____ (Specify type of place) _____
(e) Means of injury _____
23. Signature J.P. Mansueti (M. D. or other) _____
Address Corbin, Texas Date signed _____

3. (a) PRINT FULL NAME Elmer Roy Nichols
8. (b) If veteran, name war _____ (c) Social Security No. _____

4. Sex m. 5. Color or race w. 6. (a) Single, widowed, married, divorced Single

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

7. Birth date of deceased April May 4 1939
(Month) (Day) (Year)

8. AGE: Years _____ Months 10 Days 17
If less than one day _____ hr. _____ min.

9. Birthplace Texas Co Mo
(City, town, or county) (State or foreign country)

10. Usual occupation _____

11. Industry or business _____

12. Name George F. Nichols
13. Birthplace Mo
(City, town, or county) (State or foreign country)

14. Maiden name Opal Beasley
15. Birthplace Mo
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature Elmer Roy Nichols

(b) Address Willow Springs Mo

17. (a) Burial (b) Date thereof March 22 1940
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Pleasant Grove

18. (a) Signature of funeral director Isaylog V. Elliott
(b) Address Houston Mo

19. (a) _____ (b) _____
(Date received local registrar) (Registrar's signature)

WHILE FLAMEL - USE UNFADING INK - MAKE A PERMANENT RECORD

I X1031

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

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.....

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, above space should be left blank.

Registration District No. 863

Primary Registration District No. 6137

Registrar's No. _____

1. PLACE OF DEATH:

(a) County Texas

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

(c) Name of hospital or institution _____
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____ (Specify whether _____)

In this community _____ (Specify whether _____ years, months or days)

3. (a) PRINT FULL NAME Elmer Roy Nichols

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

4. Sex M 5. Color or race W

6. (a) Single, widowed, married, divorced S

6. (b) Name of husband or wife _____

6. (c) Age of husband, or wife, if alive, year _____

7. Birth date of deceased May 4 1938
(Month) (Day) (Year)

8. AGE: Years _____ Months 10 Days 17
If less than one day _____ h. _____ min.

9. Birthplace Texas, Co
(City, town, or county)* (State or foreign country)

10. Usual occupation _____

11. Industry or business _____

12. Name Geo F Nichols

13. Birthplace _____
(City, town, or county) (State or foreign country)

14. Maiden name Opal Beasley

15. Birthplace _____
(City, town, or county) (State or foreign country)

16. (a) Informant Elmer F. Lovan

(b) Address Willow drop no

17. (a) Burial (b) Date thereof Mar 22 - 1940
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Pleasant Grove

18. (a) Signature of funeral director Gayland Elliot

(b) Address Houston no

19. (a) 5/27/40 (b) Mabel Shacklett
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State _____ (b) County _____

(c) City or town _____
(If outside city or town limits write "RURAL")

(d) Street No. _____ (If rural, give location)

(e) If foreign born, how long in U. S. A. ? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 21 year 1940 hour 2 minute 45 P. M.

21. I hereby certify that I attended the deceased from Birth and that death occurred on the date and hour stated above.

Duration _____

Immediate cause of death supposed to have had pneumonia lobar

Due to _____

Due to _____

Other conditions _____
(Include pregnancy within 3 months of death)

Major findings: _____

Of operations _____

Of autopsy _____

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? _____

While at work? _____ (Specify type of place)

(e) Means of injury _____

23. Signature J. R. Womack (M. D. or other) car

Address Houston no Date signed _____

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

DUPLICATE

PHYSICIAN

Underline the cause to which death should be charged statistically.

1940

S-12685