

MAILED MAR 17 1941

Registration District No. 408

Primary Registration District No. 5563A

Registrar's No. 32

1. PLACE OF DEATH:

(a) County Jackson
(b) City or town Beards Reel
(c) Name of hospital or institution County Jail
(d) Length of stay: In hospital or institution 1 week 2
In this community 2 years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Jasper
(c) City or town Beards Reel
(d) Street No. 0
(e) Citizen of foreign country? 0 (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME

James A 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 Single

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

7. Birth date of deceased May 23 1865
(Month) (Day) (Year)

8. AGE: Years 75 Months 8 Days 24 If less than one day _____ min.

9. Birthplace Jackson Co, Mich
(City, town, or county) (State or foreign country)

10. Usual occupation None

11. Industry or business _____

12. Name Geo A Nichols

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

14. Maiden name Marie Ferguson

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

16. (a) Informant James Nichols

(b) Address Beards Reel

17. (a) Beards (b) Date thereof 5/16/41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Pyralis Cemetery

18. (a) Signature of funeral director Samuel England

(b) Address Saratoga Mo

19. (a) Feb. 15, 1941 (b) E. J. McEntire, M.D.
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb day 14 year 1941 hour 7 minute 30 P. M.

21. I hereby certify that I attended the deceased from Feb 8, 1941, to Feb 14, 1941; that I last saw h. 12 M alive on Feb 13, 1941; and that death occurred on the date and hour stated above.

Immediate cause of death Generalized arteriosclerosis
Due to unknown

Due to 97

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? 865

23. Signature E. J. McEntire (M. D. or other) MD
Address Beards Reel, Mo Date signed 2/15/41

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

49
00

49
00

MOTHER
FATHER

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: *Geo B Orr*

Licensed Embalmer No. *946*

P. O. Address *Mt Vernon, W*

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.