

Registration District No. 71

Primary Registration District No. 4040

Registrar's No. 17

1. PLACE OF DEATH:

(a) County Boone
(b) City or town Ashland
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community Life
years, months or days

3. (a) PRINT FULL NAME Pearl Nichols

8. (b) If veteran, name war _____ 3. (c) Social Security No. ✓

4. Sex female 5. Color or race White 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Edwin Nichols 6. (c) Age of husband or wife if alive 62 years
7. Birth date of deceased March 6 1880
(Month) (Day) (Year)

8. AGE: Years 61 Months 2 Days 26 If less than one day hr. min.

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

10. Usual occupation Housewife

11. Industry or business

12. Name Jessie Claypool
13. Birthplace Missouri
(City, town, or county) (State or foreign country)
14. Maiden name Marian Smythes
15. Birthplace Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant Edwin Nichols

(b) Address Ashland Mo. 841

17. (a) Burial (b) Date thereof June 8 1941
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Saline Cent.

18. (a) Signature of funeral director Holt Bennett

(b) Address Ashland Mo

19. (a) 7-4-41 (b) Frances Nichols
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Boone
(c) City or town Ashland
(If outside city or town limits write "RURAL")
(d) Street No. 0
(If rural, give location)
(e) If foreign born, how long in U. S. A.? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 1
year 1941 hour 10 minute P.M.

21. I hereby certify that I attended the deceased from May 1
1940 to June 1, 1941

that I last saw him alive on June 1, 1941
and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma of ovary

Due to _____

Due to _____

Other conditions H.A.A.
(Exclude pregnancy within 3 months of death)

Major findings: Carcinoma of ovary
Of operations of ovary
Of autopsy _____

Duration
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? 73 (Specify type of place)
(e) Means of injury _____

23. Signature H. B. Fryer (M. D. or other) 11

Address Ashland Mo Date signed 6-21-41

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

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^m E. F. Burnett*

Licensed Embalmer No. *3564*

P. O. Address *Ashland, 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, above space should be left blank.