

LED NOV 24 1943

Registration District No. 128

Primary Registration District No. 2000

1. PLACE OF DEATH:

(a) County. Greene

(b) City or town. Springfield

(c) Name of hospital or institution: 771 Cherry
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution. 5 Days (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Greene

(c) City or town. Springfield
(If outside city or town limits, write "RURAL")

(d) Street No. 771 Cherry (If rural, give location)

(e) Citizen of foreign country? 0 (Yes or No)
If yes, name country.....

3. (a) PRINT FULL NAME John M. Nichols.

3. (b) If veteran, name war. No

3. (c) Social Security No. No

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 5
year 1943 - hour 7:00 minute a. M.

4. Sex Male 5. Color or race White

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

6. (b) Name of husband or wife. None

6. (c) Age of husband or wife if alive. KK years

7. Birth date of deceased. October 31 1943
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from Oct 26 1943 to Nov 4 1943
that I last saw h. in alive on Oct 31 1943
and that death occurred on the date and hour stated above.

8. AGE: Years Months Days If less than one day

1 0 0 5 hr. min.

Immediate cause of death. Premature birth

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

Due to.....

Due to.....

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

10. Usual occupation. Infant

11. Industry or business.....

12. Name. xxxxxx

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

14. Maiden name. Bella Nichols

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

PHYSICIAN

Major findings: Of operations.....

Of autopsy. NO

Underline the cause to which death should be charged statistically.

16. (a) Informant. Wm. T. Nichols

(b) Address. Springfield, Mo.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify).....

(b) Date of occurrence.....

17. (a) Burial (b) Date thereof. Nov. 5, 1943
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation. Hazelwood

(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?
(Specify type of place)

While at work? (e) Means of injury.....

18. (a) Signature of funeral director. H.H. Lohmeyer

(b) Address. Springfield, Mo.

19. (a) 11-5-43 (b) W. H. Handley
(Date received local registry) (Registrar's signature)

23. Signature W. F. Kerr (M. D. or other).....
Address. 306 E. Grand Date signed 11-25

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

19
2
6

Spd., Mo. 11/25

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, fact should be so stated above.

This body not embalmed