

FILED DEC 27 1943  
Registration District No. 128

Primary Registration District No. 2000

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

1. PLACE OF DEATH:  
(a) County GREENE  
(b) City or town SPRINGFIELD MO.  
(c) Name of hospital or institution:  
1404 N. ROBBERSON  
(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

2. USUAL RESIDENCE OF DECEASED:  
(a) State MO. (b) County GREENE 39  
(c) City or town SPRINGFIELD MO. 2  
(d) Street No. 1404 N. ROBBERSON 6  
(If outside city or town limits, write "RURAL")  
(If rural, give location)  
(e) Citizen of foreign country? No (Yes or No)  
If yes, name country 0

3. (a) PRINT FULL NAME ELIZABETH-BENTON NICHOLS  
(b) If veteran, name war NONE (c) Social Security No. NONE

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month DEC day 13  
year 1943 hour 5 minute 30 A. M.

4. Sex FEMALE 5. Color or race WHITE 6. (a) Single, widowed, married, divorced WIDOW  
6. (b) Name of husband or wife unk. 6. (c) Age of husband or wife if alive dec. years  
7. Birth date of deceased. OCT. 26 1853  
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from 12, 6, 43, 19, to 12, 13, 43, 19;  
that I last saw her alive on 12, 13, 43, 19,  
and that death occurred on the date and hour stated above.

8. AGE: Years Months Days If less than one day  
90 1 17 hr. min.

Immediate cause of death Pneumonia, Bronchial Duration 5 days  
Due to Influenza 2 days

9. Birthplace DALLAS CO. MO. 0  
(City, town, or county) (State or foreign country)

Other conditions (Include pregnancy within 3 months of death)  
Due to \_\_\_\_\_

10. Usual occupation House wife  
11. Industry or business In home

Major findings: Of operations 320  
Of autopsy \_\_\_\_\_  
PHYSICIAN \_\_\_\_\_  
Underline the cause to which death should be charged statistically.

MOTHER FATHER { 12. Name JOHN W. RICE  
13. Birthplace unk. UNKNOWN 9  
(City, town, or county) (State or foreign country)  
14. Maiden name FANNIE WILKINS  
15. Birthplace unk. UNKNOWN 9  
(City, town, or county) (State or foreign country)

16. (a) Informant Lottie Markowitz  
(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 \_\_\_\_\_  
(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? \_\_\_\_\_

17. (a) Burial (b) Date thereof Dec 15 - 1943  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation Maple Park Cem

While at work? \_\_\_\_\_ (Specify type of place)  
(f) Means of injury \_\_\_\_\_

18. (a) Signature of funeral director J. W. Klingner & Co.  
(b) Address SPRINGFIELD MO.

19. (a) 12-14-43 (b) W. E. Handley  
(Date received local registrar) (Registrar's signature)

23. Signature [Signature] (M. D. or other) \_\_\_\_\_  
Address Springfield, Missouri Date signed 12, 13, 43

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**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.....

.....  
working under my personal supervision.

..... Registered Apprentice No. ....

Signed..... *May Rhodes* .....

..... Licensed Embalmer No. *4071* .....

..... P. O. Address..... *Springfield* .....

**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.**

X