

FILED JUN 27 1944

Registration District No. 322131

Primary Registration District No. 5457.5469

Registrar's No. 42

1. PLACE OF DEATH

(a) County Grundy  
(b) City or town Rural Franklin Township  
(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.....  
In this community 61 yrs  
years, months or days (Specify whether

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County Grundy 40  
(c) City or town Rural 3  
(If outside city or town limits, write "RURAL")  
(d) Street No. Franklin Township  
(If rural, give location)  
(e) Citizen of foreign country? (Yes or No)  
If yes, name country NO

3. (a) PRINT FULL NAME

Jacob Bronnill Nichols

3. (b) If veteran, name war.....

3. (c) Social Security No.....

4. Sex Male

5. Color or race White

6. (a) Single, widowed, married 2 divorced Widowed

6. (b) Name of husband or wife Eva Nichols

6. (c) Age of husband or wife if alive 27 years

7. Birth date of deceased April 27 1857  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
87 1 22 hr. min.

9. Birthplace Morgan Co. Ohio  
(City, town, or county) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business.....

12. Name Eli Nichols

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

14. Maiden name Mary - unknown

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

16. (a) Informant Ed Nichols

(b) Address Spickard MO

17. (a) Rural (b) Date thereof 6-20-1944  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation North Elm Cem. Grundy Co MO

18. (a) Signature of funeral director Schools Funeral Home  
(b) Address Spickard MO

19. (a) 6-19-44 (b) John E. Kueh  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 19  
year 1944 hour 4 minute 15 A.M.

21. I hereby certify that I attended the deceased from June 12  
1944 to June 18, 1944  
that I last saw him alive on June 18, 1944  
and that death occurred on the day and hour stated above.

Immediate cause of death apoplexy

Duration  
7 DC

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 E W Ewing (M.D. or other)  
Address Spickard MO Date signed 6/19/44

1199

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

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

*Row Rice*

Licensed Embalmer No.

*3771*

P. O. Address

*Spikard M*

**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.**