

FILED APR 17 1945

Registration District No. 34

Primary Registration District No. 5117

Registrar's No. 28

1. PLACE OF DEATH:

(a) County Boone
(b) City or town Rural Cedar Imp
(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 _____
(Specify whether _____)
In this community Life
(years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Boone
(c) City or town Rural
(If outside city or town limits, write "RURAL")
(d) Street No. 4 Miles West of Ashland Mo.
(If rural, give location)
(e) Citizen of foreign country? No. (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Jessie Thomas 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, divorced Widowed
6. (b) Name of husband or wife Mildred Ann Nichols 6. (c) Age of husband or wife if alive 2 years
7. Birth date of deceased Aug 27 1857
(Month) (Day) (Year)

8. AGE: Years 90 Months 6 Days 19 If less than one day hr. _____ min. _____

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

10. Usual occupation Farmer

11. Industry or business _____

MOTHER FATHER

12. Name Samuel Nichols 9

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

14. Maiden name Elizabeth Sapp 9

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

16. (a) Informant James S. Nichols

(b) Address McBaine Mo

17. (a) Burial (b) Date thereof 3-15-45
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation New Liberty Cem.

18. (a) Signature of funeral director W. C. Burnett

(b) Address Ashland, Missouri

19. (a) 4-9-45 (b) Mo. Alice Estes
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 14
year 1945 hour 8 minutes 30 A.M.

21. I hereby certify that I attended the deceased from Mar 1 1945 to Mar 14 1945
that I last saw him live on Mar 1 1945
and that death occurred on the date and hour stated above.

Immediate cause of death Chronic nephritis
Duration _____

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 H. B. Taylor (M. D. or other) _____

Address Ashland Mo Date signed 3-15-45

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

10 4 2

RECEIVED

District Health Officer No. 9,

District File Number.....

Date Filed 4-13-45

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.....

Le Roy Claypool....., Registered Apprentice No. 374
working under my personal supervision.

Signed Wm C. Burnett.....

Licensed Embalmer No. 3564

P. O. Address Osland 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, fact should be so stated above.