

FILED NOV 16 1948

Registration District No. **11**

Primary Registration District No. **2051**

Registrar's No. _____

1. PLACE OF DEATH:

(a) County **Jasper**
(b) City or town **Joplin**
(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 _____ (years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Mo** (b) County **Atchison**
(c) City or town **Joplin**
(If outside city or town limits, write "RURAL")
(d) Street No. _____ (If rural, give location)
(e) Citizen of foreign country? **2** (Yes or No)
If yes, name country _____

3. (a) PREFIX
FULL NAME

Charles Levi Nichols

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

4. Sex **Male** 5. Color of hair **White** 6. (a) Single, widowed, married, divorced **Married**
6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased **Nov - 23 - 1889**
(Month) (Day) (Year)

8. AGE: Years **55** Months **10** Days **27** If less than one day _____ hr. _____ min.

9. Birthplace **Newton Co Mo**
(City, town, or county) (State or foreign country)

10. Usual occupation **Farming**

11. Industry or business _____

12. Name **J W Nichols**

13. Birthplace **Atchison Mo**
(City, town, or county) (State or foreign country)

14. Maiden name **Alma Russell**

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

16. (a) Informant **Dora Nichols**
(b) Address **Joplin Mo #1**

17. (a) **Funeral** (b) Date thereof _____
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Atchison Mo**

18. (a) Signature of funeral director **Cooper**

(b) Address **Mo**

19. (a) **10-3-45** (b) _____
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **23rd** day **Oct**
year **1941** hour **5:15** minute _____ M.

21. I hereby certify that I attended the deceased from _____ to _____
that I last saw him _____ and that death occurred on the date and hour stated above.

Immediate cause of death _____ Duration _____

Cardiac
Due to **Supraventricular**

Due to **Coronary**

Other conditions **Biliary tract**
(Include pregnancy within 3 months of death)

Major findings: Of operations _____

Of autopsy **40% Cyanosis**
Spishy at

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) (c) Means of injury **2**

23. Signature **W. H. Gifford** (M. D. or other) **2**
Address **5114 Joplin** Date signed **10/23/41**

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

45-10-831

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 F. M. Jones

Licensed Embalmer No. 2319

P. O. Address Joplin Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HAND WRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.