

FILED JAN 26 1946
Registration District No. 128

Primary Registration District No. 2000

1. PLACE OF DEATH: Greene
(a) County
(b) City or town: Springfield
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Intersection National and Portland Street S
(If not in hospital or institution, write street number or location)
(d) Length of stay: in hospital or institution: None
(Specify whether
In this community _____
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State: Missouri (b) County: Greene 39
(c) City or town: Springfield 2
(If outside city or town limits, write "RURAL")
(d) Street No.: 1306 S. Kimbrough 6
(If rural, give location)
(e) Citizen of foreign country? 0
(Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME: Billy Nichols
(b) If veteran, name war: None
(c) Social Security No.: None

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month: January day: 14th, year: 1946 hour: 6:00 minute: P. M.

4. Sex: Male 0
5. Color or race: White
6. (a) Single, widowed, married, divorced: Single
6. (b) Name of husband or wife: Single
6. (c) Age of husband or wife if alive: XX years
7. Birth date of deceased: July 28, 1929
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from _____
for _____
that I last saw _____ alive on _____, 19____
and that death occurred on the date and hour stated above.

8. AGE: Years: 16 Months: 5 Days: 16 If less than one day: hr. min.

Immediate cause of death: Fracture of skull
Due to: Automobile accident
Passenger in car which ran
Due to: Into forked truck.

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

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

10. Usual occupation: Student
11. Industry or business: Senior High School

Major findings: Of operations: 176 27
Of autopsy: _____
PHYSICIAN: _____
Underline the cause to which death should be charged statistically.

MOTHER FATHER {
12. Name: Harry E. Nichols
13. Birthplace: Thayer, Missouri
(City, town, or county) (State or foreign country)
14. Maiden name: Adah Marsh
15. Birthplace: Unknown Illinois
(City, town, or county) (State or foreign country)

16. (a) Informant: Mr. Harry E. Nichols
(b) Address: Springfield, Missouri

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify): Accident
(b) Date of occurrence: Jan. 14, 1946 133

17. (a) Burial (b) Date thereof: Jan. 16, 1946
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation: Hazelwood Cemetery

(c) Where did injury occur: Springfield Greene Mo
(City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?
City street

18. (a) Signature of funeral director: Alma Lohmeyer Funeral Home
(b) Address: Springfield, Missouri

(e) Means of injury: Truck
While at work? No (Specify type of place)

19. (a) 1-16-46 (b) Dr. W. S. Staudley
(Date received local registrar) (Registrar's signature)

23. Signature: Murray C. Stone, Coroner (M. D. or other)
Address: Springfield, Mo. Date signed: 1-16-46

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

004

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..... *L. A. Paul*.....

Licensed Embalmer No..... *3084*.....

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