

7. S. No. 2
FORM-5-43
Rev. 5-17-39
I X36871

FILED MAY 9 1946
Registration District No. **47**

Primary Registration District No. **3008**

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD
11319

1. PLACE OF DEATH:

(a) County Callaway

(b) City or town Fulton
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
E. 22nd St. 1
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____ (Specify whether years, months or days) _____ (Specify whether)

In this community _____ (Specify whether years, months or days)

3. (a) PRINT FULL NAME Amos Lee 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 _____ **6. (c) Age of husband or wife if alive** _____ years

7. Birth date of deceased Sept 12 1864
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<u>81</u>	<u>7</u>	<u>9</u>	_____ hr. _____ min.

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

10. Usual occupation Retired Farmer

11. Industry or business _____

12. Name Alice Nichols

13. Birthplace Boone Co. Mo.
(City, town, or county) (State or foreign country)

14. Maiden name Mary Dudley

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

16. (a) Informant Arthur Nichols

(b) Address Fulton, Mo.

17. (a) Burial Reform **(b) Date thereof** Apr. 22 1946
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation _____

18. (a) Signature of funeral director Edna Y. Mays

(b) Address 712 Court St. Fulton, Mo.

19. (a) 4-22-1946 **(b) Joe M. Maudsliff**
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Callaway

(c) City or town Rural
(If outside city or town limits, write "RURAL")

(d) Street No. _____ (If rural, give location)

(e) Citizen of foreign country? _____ (Yes or No)

If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 21 year 1946 hour 11 minute 30 M.

21. I hereby certify that I attended the deceased from _____
that I last saw him _____ alive on _____ 19____
and that death occurred on the date and hour stated above.
Immediate cause of death Death on the street of Fulton Mo

Due to Cause Apoplexy

Due to _____

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

PHYSICIAN

Major findings:
Of operations _____
Of autopsy _____

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 5

23. Signature W. D. Barrett (M. D. or other)

Address Fulton Mo **Date signed** 4-22-46

RECEIVED

District Health Officer No. 9,

District File Number

Date Filed 5-8-46

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 Glen G. Maypin

Licensed Embalmer No. 2725

P. O. Address Fulton, 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.