

STANDARD CERTIFICATE OF DEATH

State File No. 22639

Registration District No. 15

Primary Registration District No. 3004

Registrar's No. 34

1. PLACE OF DEATH:

(a) County Barton
(b) City or town Lamar
(c) Name of hospital or institution: 800 Kentucky
(d) Length of stay: In hospital or institution 34 years
In this community 34 years

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Barton
(c) City or town Lamar
(d) Street No. 800 Kentucky
(e) Citizen of foreign country? No

3. (a) PRINT JAMES SPILLMAN NICHOLS
FULL NAME

3. (b) If veteran, name war None
3. (c) Social Security No. None

4. Sex Male 5. Color or race White
6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Ruth Dale Nichols
6. (c) Age of husband or wife if alive 75 years

7. Birth date of deceased October 3 1866

8. AGE: Years 79 Months 9 Days 4

9. Birthplace Carlisle, Illinois

10. Usual occupation Building contractor- Retired

11. Industry or business

12. Name O. B. Nichols

13. Birthplace Carlisle, Illinois

14. Maiden name Hannah E. Allison

15. Birthplace Penn.

16. (a) Informant Neil Nichols

(b) Address Salisbury, Missouri

17. (a) Date of death July 10 1946

(b) Place: burial or cremation Milo, Missouri

18. (a) Signature of funeral director

(b) Address Lamar, Missouri

19. (a) Date received local registrar Jul 9 - 1946
(b) Registrar's signature

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 7
year 1946 hour 6 minute 40 A. M.

21. I hereby certify that I attended the deceased from June 15, 1946, to July 7, 1946
that I last saw him alive on July 7, 1946
and that death occurred on the date and hour stated above.

Immediate cause of death: Pneumonia, bronchial

Due to: Semblity, Arterial Hypertension, severe

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

Major findings: Of operations: 107
Of autopsy: 107

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?
(d) Did injury occur in or about home, on farm, in industrial place, in public place?

23. Signature: James A. Atkins (M. D. or other)
Address: Lamar, Mo. Date signed: July 10, 1946

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

4-1-1946

RECEIVED
District Health Officer No. 6,
District File Number 746-764
Date Filed JUL 19 1946

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 Carl J. Konantz,

Licensed Embalmer No. 2247

P. O. Address Lamar, Missouri

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.