

FILED JAN 29 1948

Registration District No. 368

Primary Registration District No. 6225

Registrar's No. 18

1. PLACE OF DEATH:

(a) County Vernon

(b) City or town Rural Washburn Twp.
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution Blah Hospital no 3.
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 2 gr. 2 da
(Specify whether years, months or days)

In this community Same title

3. (a) PRINT FULL NAME Joseph Frank 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 married

6. (b) Name of husband or wife Bertha May

6. (c) Age of husband or wife if alive 61 years

7. Birth date of deceased Oct. 13 - 1883.
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<u>64</u>	<u>3</u>	<u>5</u>	hr. _____ min.

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

10. Usual occupation Labor

11. Industry or business _____

MOTHER FATHER { 12. Name Joseph P. Nichols

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

14. Maiden name Georgia Ann Campbell

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

16. (a) Informant Hospital Records

(b) Address Nevada mo.

17. (a) Removal (b) Date thereof 1-18-48
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Carthage, mo

18. (a) Signature of funeral director Vernon Funeral Home

(b) Address Carthage, mo.

19. (a) 1-22-48 (b) Mathew Vance
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jasper

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

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

(e) If foreign born, how long in U. S. A. ? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan. day 18
year 1948 hour 12:30 A minute _____ M.

21. I hereby certify that I attended the deceased from 1-6-48
_____ 19____ to 1-18-48, 19____;

that I last saw him alive on 1-18-48, 19____;

and that death occurred on the date and hour stated above.

Immediate cause of death Senility

Due to _____

Due to _____

Other condition Senile Dementia
(Include pregnancy within 3 months of death)

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

Major findings: _____

Of operations _____

Of autopsy _____

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?
(Specify type of place)

While at work? _____ (e) Means of injury _____

23. Signature P. B. Porter (M. D. or other) _____

Address Nevada mo. Date signed 1-18-48

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

RECEIVED

District Health Officer No. 71

District File Number 12-47-3083

Date Filed 1-27-48

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 *Gene O. Pugh*

Licensed Embalmer No. *4731*

P. O. Address *Carthage, 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, above space should be left blank.