

MAY 17 1940
Registration District No. 398

Primary Registration District No. 3019

Registrar's No. 120

1. PLACE OF DEATH:

(a) County Jackson
(b) City or town Independence
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 1111 S. Roland Indef. Mo
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 25 years (Specify whether years, months or days)
In this community 25 years

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson
(c) City or town Independence Mo
(If outside city or town limits, write "RURAL")
(d) Street No. 1111 S. Roland (If rural, give location)
(e) If foreign born, how long in U. S. A. ? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 25
year 1940 hour 12 minute 30 A.M.

21. I hereby certify that I attended the deceased from 2-17, 1940 to 4-25, 1940
that I last saw him or alive on 4-23, 1940
and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma of liver

Duration

Due to _____

Due to 4/4

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

Major findings:
Of operations _____

Of autopsy _____

PHYSICIAN

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 _____

23. Signature J. L. Cook (M., D. or other) _____
Address Independence Mo Date signed 4-4-40

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

3. (a) PRINT FULL NAME Nancy L. Nichols ²⁴²

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

4. Sex Female 5. Color or race white 6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife Thomas P. Nichols 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased Feb 5 1862
(Month) (Day) (Year)

8. AGE: Years 78 Months 2 Days 20 If less than one day hr. _____ min. _____

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

10. Usual occupation House wife

11. Industry or business _____

MOTHER FATHER { 12. Name Benjamin F. Lewis

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

14. Maiden name Ethel Alder

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

16. (a) Informant Mrs. J. P. McCarroll

(b) Address 1111 S. Roland

17. (a) Burial (b) Date thereof Apr 26-40
(Burial, cremation, or other) (Month) (Day) (Year)

(c) Place: burial or cremation Woodlawn

18. (a) Signature of funeral director Chas. Mitchell
(b) Address Independence, Mo.

19. (a) April 25/40 (b) F. L. Cook
(Date received local registrar) (Registrar's signature)

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.....

Licensed Embalmer No.....

P. O. Address.....

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.