

No. 2
-1-4-41
5-17-39
X 263

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

FILED AUG 11 1941 85
Registration District No. _____

Primary Registration District No. 1001

1. PLACE OF DEATH:

(a) County BUCHANAN
(b) City or town ST. JOSEPH
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 1347 1/2 BUCHANAN-AVE
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community ABT-25 YR years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County BUCHANAN
(c) City or town ST-JOSEPH
(If outside city or town limits, write "RURAL")
(d) Street No. 1347 1/2 BUCHANAN-AVE
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME GEORGE-H-NICHOLS

3. (b) If veteran, name war NO
3. (c) Social Security No. 500-07-4510

4. Sex Male 5. Color of race W. Gh.
6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Virginia Nichols
6. (c) Age of husband or wife if alive 50 years

7. Birth date of deceased Jan 20 1880
(Month) (Day) (Year)

8. AGE: Years 61 Months 5 Days 19
If less than one day _____ hr. _____ min.

9. Birthplace Townsville Penn
(City, town, or county) (State or foreign country)

10. Usual occupation M.P.

11. Industry or business _____

12. Name Henry Nichols

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

14. Maiden name Ella Robinson ?
(City, town, or county) (State or foreign country)

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

16. (a) Informant Mrs. Ruby Nichols

(b) Address 1347 1/2 Buchanan Ave.

17. (a) burial (b) Date thereof July 11 1941
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Cashland

18. (a) Signature of funeral director Ray Stamey

(b) Address St Joseph 1100

19. (a) 7-10-41 (b) [Signature]
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 9
year 1941 hour 11 minute 15 A. M.

21. I hereby certify that I attended the deceased from Jan 18 1941 to July 9 1941;
that I last saw him alive on July 9 1941;
and that death occurred on the date and hour stated above.

Immediate cause of death
① Carcinoma of prostate
② Generalized Metastasis
③ Cachexia
Due to _____
Duration 3 m

Due to 518
Other conditions _____
(Include pregnancy within 3 months of death)

Major findings: Carcinoma of prostate
Of operations (done Post age approx)
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 [Signature] M. D. or other? _____
Address [Address] Date signed 7-9-41

Dr. Root.

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.....

July 9....., Registered Apprentice No.....
working under my personal supervision.

Signed *John H Hurley*

Licensed Embalmer No. *4050*

P. O. Address *St Joseph 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.