

FILED AUG 25 1941

Registration District No. **297**

Primary Registration District No. **3016**

36
66
2

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

1. PLACE OF DEATH: **Franklin**
 (a) County **Franklin**
 (b) City or town **Washington, Mo.**
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: **St. Frances**
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution **8 hours**
 (Specify whether
 In this community _____
 years, months or days) **0**

3. (a) PRINT FULL NAME **Paul Richard Nicks**
 3. (b) If veteran, name war
 3. (c) Social Security No. _____

4. Sex **Male** 5. Color of race **White**
 6. (a) Single, widowed, married, divorced **Single**
 6. (b) Name of husband or wife _____
 6. (c) Age of husband or wife if alive _____ years
 7. Birth date of deceased **July 16 1941**
 (Month) (Day) (Year)

8. AGE: Years _____ Months _____ Days **8** hr. _____ min

9. Birthplace **Washington Mo. D**
 (City, town, or county) (State or foreign country)

10. Usual occupation **none**

11. Industry or business **none**

12. Name **Bearl Edward Nicks**

13. Birthplace **Beaumont Mo. D**
 (City, town, or county) (State or foreign country)

14. Maiden name **Clara Charlotte Westmeyer**

15. Birthplace **Patterson Mo. D**
 (City, town, or county) (State or foreign country)

16. (a) Informant **Bearl E. Nicks**

(b) Address **Washington Mo.**

17. (a) **Burial** (b) Date thereof **7/17/41**
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Washington, Mo.**

18. (a) Signature of funeral director **Nichols & Vitt Inc**

(b) Address **Washington, Mo. Bldg. C. Nichols**

19. (a) **July 17-1941** (b) _____
 (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
 (a) State **Mo** (b) County **Franklin**
 (c) City or town **Washington, Mo**
 (If outside city or town limits, write "RURAL")
 (d) Street No. **7th & Lewis**
 (If rural, give location)
 (e) If foreign born, how long in U. S. A.? **No.** _____ years

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month **July** day **17**
 year **1941** hour **6** minute **30** A.M.

21. I hereby certify that I attended the deceased from **July 15**
1941, 19____, to **July 17**, 19____;
 that I last saw him alive on **July 16**, 19____;
 and that death occurred on the date and hour stated above.

Immediate cause of death **Renal insufficiency**
Acute of the renal form

Due to _____
 Due to **1610**
 Other conditions _____
 (Include pregnancy within 3 months of death)

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?

While at work? _____ (Specify type of place)
 (c) Means of injury _____

23. Signature **J. H. A. May** (M. D. or other) **M.D.**
 Address **Washington Mo** Date signed **7/16/41**

Duration _____
 PHYSICIAN _____
 Underline the cause to which death should be charged statistically.

270

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 me

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

Signed A. J. [Signature]
Licensed Embalmer No. 2387
P. O. Address Washington, D.C.

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.