

REC JUN 25 1943

State File No. _____

Registration District No. 72

Primary Registration District No. 5289

Registrar's No. 48

1. PLACE OF DEATH:

(a) County Clay
(b) City or town RURAL - No. K. C. Mo
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
W. Rd. 1/4 mile to Highway 69
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution. 2 1/2 (Specify whether)
In this community _____
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Jackson 18
(c) City or town Kansas City Mo
(If outside city or town limits, write "RURAL")
(d) Street No. 3023 Grand Ave.
(If rural, give location) ...
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME JEROME EUGENE Nichols

3. (b) If veteran, name war _____ 3. (c) Social Security No. 483-01-9123

4. Sex Male 5. Color or race Wht. 6. (a) Single, widowed, married. Divorced
6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased April 21 1903
(Month) (Day) (Year)

8. AGE: Years 40 Months 11 Days 24 If less than one day _____ hr. _____ min.

9. Birthplace Pleasant Hill Mo. 0
(City, town, or county) (State or foreign country)

10. Usual occupation Electrician

11. Industry or business _____

12. Name Lu Nichols

13. Birthplace Wis. 1
(City, town, or county) (State or foreign country)

14. Maiden name Eda M. Nichols

15. Birthplace Pleasant Hill Mo. 0
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs Eda M. Nichols

(b) Address Pleasant Hill Mo

17. (a) Burial _____ (b) Date thereof 6-16-43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Pleasant Hill Mo

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

(b) Address 832 Armour Rd No Kan City

19. (a) June 16 - 43 (b) Paul W. Henry
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 15th
year 1943 hour 3:00 minute 9 M.

21. I hereby certify that I attended the deceased from _____ to _____, 19____; that I last saw him _____, 19____; and that death occurred on the date and hour stated above.
Immediate cause of death Automobile Accident Duration _____

Due to losing control of car which caused it to turn over & go over an embankment

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

Major findings: Of operations coroner's case 1706 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) Automobile Accident
(b) Date of occurrence June 15th 1943 024
(c) Where did injury occur? Randolph Rd. 1/4 mi to Hwy 69
(City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?
Co. Rd. 1/4 mi to Hwy 69
(Specify type of place) (e) Means of injury _____
While at work? _____

23. Signature P.W. Prather Coroner (M. D. or other) _____
Address Excelsior Springs Mo. Date signed 6-25-43

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

MOTHER FATHER

RECEIVED

District Health Officer No. 8
No. 2

District File Number

Photo Filed 6-24-43

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 *John S. Morton*
Licensed Embalmer No. 4349

P. O. Address No. KAN. CITY, 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.