

FILED JAN 3 1946  
Registration District No. 1576

Primary Registration District No. 2001

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

1. PLACE OF DEATH:

(a) County Jasper

(b) City or town Jasper  
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution 320 Moffet 1  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 20 years (Specify whether years, months or days)

In this community 20 years

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County Jasper

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

(d) Street No. 320 Moffet  
(If apart, give location)

(e) Citizen of foreign country? No (Yes or No)  
If yes, name country 0

3. (a) FULL NAME Eleanor T. Nichols

3. (b) If veteran, name war No

3. (c) Social Security No. No

4. Sex F

5. Color or race W

6. (a) Single 4 widowed 3 divorced 3

6. (b) Name of husband or wife none

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

7. Birth date of deceased Apr 28 1870  
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<u>70</u>	<u>7</u>	<u>17</u>	hr. _____ min.

9. Birthplace St Louis MO  
(City, town, or county) (State or foreign country)

10. Occupation none

11. Industry or business none

12. Name no record

13. Birthplace " " 9  
(City, town, or county) (State or foreign country)

14. Maiden name Mary E. Lambert

15. Birthplace St Louis MO  
(City, town, or county) (State or foreign country)

16. (a) Informant Mr J B Smoot

(b) Address 212 N. Paul St

17. (a) Burial (b) Date thereof 12-16-43  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Mount Hope cem

18. (a) Signature of funeral director Thames Dillon

(b) Address 424 N. Wall St

19. (a) 12-16-43 (b) Quintus Sushalter  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 13 year 1943 hour 11<sup>00</sup> minute 0 P. M.

21. I hereby certify that I attended the deceased from \_\_\_\_\_ 19\_\_\_\_ to \_\_\_\_\_ 19\_\_\_\_;  
that I last saw him at last seen in alive and that death occurred on the date and hour stated above.

Immediate cause of death hypertension heart failure alcoholism

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions (Include pregnancy within 3 months of death) 930

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? \_\_\_\_\_

23. Signature P. J. Stebbins (M. D. or other) 0

Address Carters Date Dec 16, 43

MOBER THE

204

48-12-1030

JAN 26 1948

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..... *David Dillon* .....

Licensed Embalmer No..... *3898* .....

P. O. Address..... *Joplin, 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.

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

State of Missouri }  
County of Jasper } ss.

State File No. ....

AFFIDAVIT FOR CORRECTION OF A RECORD

Local Registrar's No. 156

On this 31st day of January, 1944, before me appears.....  
Lavon Lanyon Smoot (Mrs J.B), who, upon her oath, states that the original record of ~~188~~ death  
for Eleanor T Nichols died December 13th, 1943, in the State of  
Missouri, and which was filed at Joplin, Mo on 12-15-, 1943, should be corrected as follows:

Item No. 1 should read December 13th date of death

Instead of December 15

Item No. .... should read .....

Instead of .....

Item No. .... should read .....

Instead of .....

Item No. .... should read .....

Instead of .....

Item No. .... should read .....

Instead of .....

Item No. .... should read .....

Instead of .....

Item No. .... should read .....

Instead of .....

Item No. .... should read .....

Instead of .....

The above is true to the best of my knowledge, information and belief.

(SEAL)

Affiant Lavon Lanyon Smoot  
Daughter-in-law Relationship.

212 North Pearl, Joplin, Mo.  
Present Address.

Subscribed and sworn to before me this 31 day of January, 1944

February 26 1946

My Commission expires ..... Arthur S. Schaefer Notary Public.

Affidavits containing erasures will not be accepted; draw one line through error and write above it.

FEB 10 1944

S-42664

FILED