

FILED MAR 15 1944

Registration District No. 42

Primary Registration District No. 1000

Registrar's No. 233

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

1. PLACE OF DEATH:

(a) County Buchanan
(b) City or town St. Joseph Mo
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution 2630 S 22nd
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
(Specify whether years, months or days)

3. (a) PRINT FULL NAME John Organ Nichols
3. (b) If veteran name war No
3. (c) Social Security No. _____

4. Sex Male 5. Color or race White
6. (a) Single, widowed, married, divorced Unmarried
6. (b) Name of husband or wife Ida Nichols
6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased May 28 1877
(Month) (Day) (Year)

8. AGE: Years 66 Months 7 Days 26
If less than one day _____ hr. _____ min.

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

10. Usual occupation Farmer

11. Industry or business _____

12. Name James Nichols

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

14. Maiden name Mary E. Croft

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

16. (a) Informant Rose B. Nichols

(b) Address 2630 South 22nd

17. (a) Burial (b) Date thereof 1-26-44
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Cameron Mo

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

(b) Address Cameron Mo

19. (a) 1-27-44 (b) Alse Stegoy
(Date received by registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 24
year 1944 hour 3:50 AM minute _____ M.
21. I hereby certify that I attended the deceased from Jan 23 1944 to Jan 24 1944
that I last saw him alive on Jan 23 and that death occurred on the date and hour stated above.

Immediate cause of death Acute Bowel Obstruction

Due to _____
Due to malig nancy liver

Other conditions Acute Myocardial Infarction
(Include pregnancy within 3 months of death)

Major findings:
Of operations _____
Of autopsy H6 f

Duration

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)
Means of injury 2

23. Signature W. Raymond Smith (M. D. or other)
Address 223 West 1st St Date signed 1/24/44

1233

St Joseph Mo

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 Gerald F. Wade

Licensed Embalmer No. 4172

P. O. Address Cameron 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.