

FILED NOV 8 1944

State File No. \_\_\_\_\_

Registration District No. 300

Primary Registration District No. 6225

Registrar's No. 171

1. PLACE OF DEATH:

(a) County Vernon  
(b) City or town Rural - Washington Imp.  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: State Hosp. No 3. 2  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 6 mo. 13 da.  
(Specify whether) Same time  
In this community \_\_\_\_\_  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. 108  
(b) County Wright 2  
(c) City or town \_\_\_\_\_  
(If outside city or town limits, write "RURAL") 2  
(d) Street No. \_\_\_\_\_  
(If rural, give location)  
(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME

Ralph W. Nichols

3. (b) If veteran, name war \_\_\_\_\_

(?)

3. (c) Social Security No. \_\_\_\_\_

none

4. Sex male

5. Color or race white

6. (a) Single, widowed, married, divorced married

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

7. Birth date of deceased Sept 20 1878  
(Month) (Day) (Year)

8. AGE:

Years 66 Months 0 Days 29  
If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace \_\_\_\_\_

Indiana

(State or foreign country)

10. Usual occupation \_\_\_\_\_

Farming

11. Industry or business \_\_\_\_\_

MOTHER FATHER

12. Name Frank B. Nichols

13. Birthplace U.S.A.  
(City, town, or county) (State or foreign country)

14. Maiden name Anna Hunt

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

16. (a) Informant Hospital Records

(b) Address Nevada mo.

17. (a) Burial (b) Date thereof 10-22-44  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Parker

18. (a) Signature of funeral director Fred Williams

(b) Address Clinton Mo

19. (a) 10-21-44 (b) Floyd B. Beach  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct. day 19th  
year 1944 hour 5 minute P. M.

21. I hereby certify that I attended the deceased from 9-1-1944  
19\_\_\_\_ to 10-19-1944, 19\_\_\_\_  
and that death occurred on the date and hour stated above.

Immediate cause of death Psychosis with cerebral arteriosclerosis  
Duration \_\_\_\_\_

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

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

Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_

Major findings: Of operations \_\_\_\_\_

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? \_\_\_\_\_

(Specify type of place) \_\_\_\_\_  
While at work? \_\_\_\_\_ (a) Means of injury \_\_\_\_\_

23. Signature P.B. Lester M.D. (M.D. or other) \_\_\_\_\_

Address Nevada mo Date signed 10/19/44

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

RECEIVED

Disposal No. 7

Date Filed 10-44-1285

11-7-42

**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 Fred Wellman

Licensed Embalmer No. 5478

P. O. Address Clinton 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.**