

No. 2
-12-45
5-17-39
X47020

State File No. _____

FILED SEP 11 1946

Registration District No. 360

Primary Registration District No. 6225

Registrar's No. 110

1. PLACE OF DEATH:

(a) County Vernon

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

(c) Rural Hosp. No 3
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 4 yrs, 10 days
(Specify whether years, months or days)

In this community Ramee

3. (a) PRINT FULL NAME Pearl Nichols

3. (b) If veteran, name war No

3. (c) Social Security No. -

4. Sex Female

5. Color or race White

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

6. (b) Name of husband or wife Marcelle Nichols

6. (c) Age of husband or wife if alive 44 years

7. Birth date of deceased Jan. 30 - 1905
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<u>41</u>	<u>7</u>	<u>1</u>	hr. min.

9. Birthplace Mansfield Mo.
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business Own home

12. Name Samuel Speece

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

14. Maiden name Sarah Nichols

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

16. (a) Informant Hospital Records

(b) Address Nevada Mo.

17. (a) Removal (b) Date thereof Aug 31 - 46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Sumner Mo.

18. (a) Signature of funeral director Chas. F. Fernald

(b) Address Nevada Mo.

19. (a) 9-3-46 (b) Walter Vancey
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Webster

(c) City or town Reynour
(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 Aug. day 31
year 1946 hour 7:25 P minute - M.

21. I hereby certify that I attended the deceased from 8-10-1946 to 8-31-1946, 19____.

that I last saw her alive on 8-31-1946, 19____,
and that death occurred on the date and hour stated above.

Immediate cause of death Paralysis

Due to _____

Due to _____

Other conditions 50 B
(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:

(c) Accident, suicide, or homicide (specify) _____

(b) Date of occurrence _____

(b) 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)
or Means of injury _____

23. Signature R B Lester (M. D. or other) _____

Address Nevada Mo Date signed 8-31-46

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

MOTHER FATHER

Kelly, Jennell & Benjamin Seymour, Inc.

OCT 17 1946

RECORDED

Form No. 7,

Subject No. 8-46-943

Date Filed 9-10-46

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 Mark E. Eching

Licensed Embalmer No. 2686

P. O. Address Nevada, 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.