

FILED OCT 7 1946
Registration District No. 42

Primary Registration District No. 1000

Registrar's No. 1118

1. PLACE OF DEATH:

(a) County Buchanan
(b) City or town St Joe
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: St Joseph's Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 26 days
(Specify whether years, months or days)

WILLIAM NICHOLAS

3. (a) PRINT FULL NAME ~~XXXXXXXXXXXXXXXXXXXX~~
3. (b) If veteran, name war no
3. (c) Social Security No. _____

4. Sex MO 5. Color or race wh
6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife Rena Nicholas
6. (c) Age of husband or wife if alive 57 years
7. Birth date of deceased Nov 22 1881
(Month) (Day) (Year)

8. AGE: Years 64 Months 10 Days 7 If less than one day hr. min.

9. Birthplace no information
(City, town, or county) (State or foreign country)

10. Usual occupation Railroad Conductor

11. Industry or business _____

12. Name John Nichols

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

14. Maiden name Ella G. Nichols

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

16. (a) Informant Mr. Arthur King

(b) Address 322 East Missouri

17. (a) Burial (b) Date thereof Oct. 1, 1946
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation: Brookfield Mo.

18. (a) Signature of funeral director Paul Funeral Home
(b) Address Brookfield Mo.
19. (a) Oct 3 1946 (b) J. H. Nestle
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Linn 58
(c) City or town Brookfield Mo. 1
(If outside city or town limits, write "RURAL")
(d) Street No. 604 West Abad 2
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 29
year 1946 hour 6 minute 45 P.M.

21. I hereby certify that I attended the deceased from Sept 3 1946 to Sept 29 1946;
that I last saw him alive on Sept 29 1946
and that death occurred on the date and hour stated above.

Immediate cause of death Arson of the home
Due to _____
Due to _____

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

Major findings: Of operations none
Of autopsy none

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 0

23. Signature John D. Jones (M. D. or other)
Address Brookfield Mo. Date signed 9-30-46

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

28153

NOV 26 1946

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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 Harold B. Wright

Licensed Embalmer No. 3748

P. O. Address. Brookfield, 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.