

FILED NOV 6 1948 STANDARD CERTIFICATE OF DEATH

State File No. 33013

Registration District No. 61

Primary Registration District No. 4107

Registrar's No. 43

1. PLACE OF DEATH:

(a) County Cedar
(b) City or town El-Dorado Springs
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Home
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community 15 yrs years, months or days

3. (a) PRINT FULL NAME ROBERT LEF NICHOLS

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Ida Nichols 6. (c) Age of husband or wife if alive 74 years

7. Birth date of deceased Oct 4 1862
(Month) (Day) (Year)

8. AGE: Years 83 Months 7 Days 16 If less than one day _____ hr. _____ min.

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

10. Usual occupation retired farmer

11. Industry or business _____

12. Name Jackson Nichols

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

14. Maiden name Mat Hunsley

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

16. (a) Informant Ida Nichols

(b) Address 223 W Spgs St

17. (a) Burial (b) Date thereof 5/27/48
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation West Point

18. (a) Signature of funeral director Walter Eugene Howe

(b) Address El-Dorado Spgs

19. (a) 10/15/46 (b) J. C. Boman
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Cedar
(c) City or town El-Dorado Springs
(If outside city or town limits, write "RURAL")
(d) Street No. 223 W Spgs
(If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 20
year 1946 hour 10 minute 20 PM

21. I hereby certify that I attended the deceased from May 16th 1946 to May 20th 1946
that I last saw him alive on May 20th 1946
and that death occurred on the date and hour stated above.

Immediate cause of death Chronic Myocarditis
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? _____

While at work? _____ (Specify type of place) (e) - Means of injury 2

23. Signature W. K. Kunderman (M. D. or other) MD

Address El-Dorado Spgs. Mo Date signed 5-22-46

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

110421

RECEIVED
District Health Officer No. 7;
District Health Officer
10-46-2039

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 George W. Rafus

Licensed Embalmer No. 2782

P. O. Address E. Donck's

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.