

FILED APR 25 1947
157

Registration District No.

Primary Registration District No. 30285584

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

1. PLACE OF DEATH:
 (a) County Jasper
 (b) City or town rural -- McDonald
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
Rte 2, Sarcoxie, Mo
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 12 years
(Specify whether years, months or days)
 In this community 12 years

3. (a) PRINT FULL NAME FRANK T NICHOLS
 (b) If veteran, name war none
 (c) Social Security No. none

4. Sex male 5. Color or race white
 6. (a) Single, widowed, married, divorced married
 6. (b) Name of husband or wife Lula May Nichols
 6. (c) Age of husband or wife if alive 58 years
 7. Birth date of deceased May 30 1874
(Month) (Day) (Year)

8. AGE: Years 72 Months 10 Days 0
 If less than one day hr. min.

9. Birthplace Madison County Indiana
(City, town, or county) (State or foreign country)

10. Usual occupation service station & groc.

11. Industry or business Texaco Sta -- Stone City

12. Name Robert H. Nichols

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

14. Maiden name Nancy A. Calhoon

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

16. (a) Informant Perry M. Nichols
 (b) Address Ava, Missouri

17. (a) burial (b) Date thereof Apr. 2, 1947
(Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation Taylor Cemetery

18. (a) Signature of funeral director Knell Mortuary
 (b) Address Carthage, Missouri

19. (a) 3-31-47 (b) R. B. Clinton
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
 (a) State Missouri (b) County Jasper
 (c) City or town rural
(If outside city or town limits, write "RURAL")
 (d) Street No. Route 2, Sarcoxie, Mo.
(If rural, give location)
 (e) If foreign born, how long in U. S. A.? --- years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 30
 year 1947 hour 1 minute 00 P. M.

21. I hereby certify that I attended the deceased from March 23, 1947 to March 30, 1947
 that I last saw him alive on March 29, 1947
 and that death occurred on the date and hour stated above.

Immediate cause of death Bright's disease
 Due to mitro stenosis of heart
 Due to 92 B
 Other conditions ---
(Include pregnancy within 3 months of death)
 Major findings: Of operations ---
 Of autopsy ---

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)
 (e) Means of injury ---

23. Signature Dr. W. S. Burney (M. D. or other)
 Address Miller, Mo Date signed 3-31-47

47-3-275

APR 28 1967

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..... *Frank W. Kuehl Jr*

Licensed Embalmer No. *4440*

P. O. Address..... *Carthage*

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.