

FILED FEB 27 1948
Registration District No. 172

Primary Registration District No. 4285

Registrar's No. 12

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

1. PLACE OF DEATH:

(a) County LEWIS

(b) City or town LEWISTOWN

(c) Name of hospital or institution: /

(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____ (Specify whether _____)

In this community _____ (Specify whether _____)

3. (a) PRINT FULL NAME Christopher Nimion Nichols

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

4. Sex MALE 5. Color or race WHITE 6. (a) Single, widowed, married, divorced MARRIED

6. (b) Name of husband or wife ALFA E. Nichols 6. (c) Age of husband or wife if alive 68 years

7. Birth date of deceased SEPT. 5 1877 (Month) (Day) (Year)

8. AGE: Years 70 Months 5 Days 1 If less than one day hr. min.

9. Birthplace CAARK County, MO. (City, town, or county) (State or foreign country)

10. Usual occupation FARMING

11. Industry or business _____

12. Name W. H. H. Nichols

13. Birthplace Ky-1

14. Maiden name WANNIE BATES

15. Birthplace Ky-1

16. (a) Informant Miss Alfa Nichols

(b) Address Lewistown MO

17. (a) Burial (b) Date thereof Feb 8, 1948 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Providence Cent. MO

18. (a) Signature of funeral director James Alder

(b) Address Lewistown MO

19. (a) 2-11-48 (b) P. W. Jennings MD (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County LEWIS

(c) City or town LEWISTOWN (If outside city or town limits, write "RURAL")

(d) Street No. _____ (If rural, give location)

(e) If foreign born, how long in U. S. A.? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb day 6 year 1948 hour 3 minute 30 A.M.

21. I hereby certify that I attended the deceased from Sept 2 1948 to Feb 6 1948 that I last saw him alive on Feb 6 1948 and that death occurred on the date and hour stated above.

Immediate cause of death Septicemia
Cerebral Embolus

Due to _____

Due to _____

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 Paul R. Rogers (M. D. or other) _____

Address Lewistown MO Date signed 2/11/48

RECEIVED

District Health Officer No. 1

District File Number 2-48-387

FEB 25 1948

Date

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 Myself

working under my personal supervision.

Registered Apprentice No. _____

Signed

James A. Coder

Licensed Embalmer No. 2537

P. O. Address Newtown

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.