

National Office of Vital Statistics  
FILED MAY 3 1948

Registration District No. 42

Primary Registration District No. 1000

Registrar's No. 488

1. PLACE OF DEATH:

(a) County Buchanan  
(b) City or town St. Joseph  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: Mo. Meth. Hospital  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 1 day (Specify whether  
In this community 1 day years, months or days)

3. (a) PRINT FULL NAME Howard Virgil Nichols

3. (b) If veteran, name war No  
3. (c) Social Security No. None

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

6. (b) Name of husband or wife  
6. (c) Age of husband or wife if

7. Birth date of deceased January 23 1942  
(Month) (Day) (Year)

8. AGE: Years 6 Months 2 Days 26  
If less than one day .hr. .min

9. Birthplace Stockton Missouri  
(City, town, or county) (State or foreign country)

10. Usual occupation None

11. Industry or business None

12. Name James Nichols

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

14. Maiden name Pearl Bishop

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

16. (a) Informant James Nichols

(b) Address Osborn, Mo.

17. (a) Removal (b) Date thereof 4/19/48  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Plattsburg, Mo.

18. (a) Signature of funeral director Heaton - Browns

(b) Address St. Joseph, Mo.

19. (a) 5-1-48 (b) H. K. Jenkins  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Clinton  
(c) City or town Osborn, Mo.  
(If outside city or town limits, write "RURAL")  
(d) Street No. Osborn, Mo.  
(If rural, give location)  
(e) Citizen of foreign country? No (Yes or No)  
If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 19  
year 1948 hour 4 minute 10 P.M.

21. I hereby certify that I attended the deceased from April 19 1948 to April 19 1948  
that I last saw him alive on April 19 1948  
and that death occurred on the date and hour stated above.

Immediate cause of death

Fracture of skull - base  
Acute brain injury  
Due to cerebral compression  
Traumatic amputation  
Due to left upper extremity

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations

Of autopsies

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) Accident  
(b) Date of occurrence April 19, 1948  
(c) Where did injury occur? Osborn Central Mo.  
(City or town) (County) (State)  
(d) Did injury occur in or about home, on farm, in industrial place, in public place? Public highway - hit by car  
(Specify type of place) 25  
While at work? (Means of injury)

23. Signature P. O. Lewis, M.D. (D. or other)  
Address Osborn, Mo. Date signed 4-19-48

Duration

7 or 8 hrs

PHYSICIAN

Underline the cause of which death should be charged statistically.

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

MOTHER FATHER

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.....

*Eugene Wood*

Licensed Embalmer No. *3804*

P. O. Address *319 So 10th, St Joseph, 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.