

State File No. _____

Registration District No. _____

Primary Registration District No. 6139 4494

Registrar's No. _____

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

1. PLACE OF DEATH:

(a) County Shannon

(b) City or town Winona
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 3
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 6 Hrs. (Specify whether years, months or days)

3. (a) PRINT FULL NAME Carless Elmer Nichols

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

4. Sex M 5. Color of W race _____ 6. (a) Single, widowed, married, divorced Single

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

7. Birth date of deceased April 1 1909
(Month) (Day) (Year)

8. AGE: Years 38 Months 5 Days 2 If less than one day _____ hr. _____ min.

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

10. Usual occupation Laborer

MOTHER FATHER

11. Industry or business _____

12. Name Andrew J. Nichols

13. Birthplace Dent Co. Mo.
(City, town, or county) (State or foreign country)

14. Maiden name Ola Mahan

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

16. (a) Informant Claude A. Nichols

(b) Address 7021 Walrond Ave. K.C. Mo.

17. (a) Removal 9-4-47 (b) Date thereof 9-4-47
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Kansas City Mo.

18. (a) Signature of funeral director Phil A. Leuckel.

(b) Address Van Buren Ho.

19. (a) 9-6-47 (b) Walter Rice
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County 48

(c) City or town Kansas City 3
(If outside city or town limits, write "RURAL")

(d) Street No. 7021 Walrond Ave. 8
(If rural, give location)

(e) Citizen of foreign country? no. (Yes or No) 1
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept. day 3
year 1947 hour 7 minute 10 P.M.

21. I hereby certify that I attended the deceased from _____, 19____ to _____, 19____
that I last saw h. _____ alive on _____, 19____
and that death occurred on the date and hour stated above.

Immediate cause of death: Internal injury, Charles Chub

Due to Automobile Collision

Due to _____

Other conditions: _____
(Include pregnancy within 3 months of death)

Major findings: _____
Of operations: _____

Of autopsy: S.H.P. Call, with address M. Decker

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

(a) Accident, suicide, or homicide (specify) Accident 101

(b) Date of occurrence 9-3-47

(c) Where did injury occur? Mo Highway to Ray, Mo
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?
Public
While at work? _____ (Specify type of place) (e) Means of injury _____

23. Signature Frank Hyde (M. D. or other) 3
Address Evans Mo Date signed 9-4-47

Duration _____

PHYSICIAN

Underline the cause to which death should be charged statistically.

RECEIVED

District Health Officer No. 5,

District No. 947529

Date Filed 9-25-47

SEP 29 1948

SEP 30 1947

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 9-4-47

....., Registered Apprentice No.
working under my personal supervision.

Signed Phil A. Leuchel

Licensed Embalmer No. 2936

P. O. Address Van Buren 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.