

**MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH**

40400
Do not use this space.

1. PLACE OF DEATH
 (a) County Nasauway 2 Registration District No. 624
 (b) Township Hopkins 1 Primary Registration District No. 4375
 (c) City Hopkins (d) Street No. _____ St.
 (If death occurred in Hospital or Institution, write its name instead of street and number)
 (e) Length of residence in city or town where death occurred 11 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME 242 Eunice Nicholson
 (a) Residence, No. _____ St. (If nonresident, give city or town and State)
 (Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female **4. COLOR OR RACE** White **5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)** married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Walter Nicholson

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 10-1864

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
	<u>75</u>	<u>5</u>	<u>29</u>	

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Housewife
9. Industry or business in which work was done, as saw mill, bank, etc. At Home
10. Date deceased last worked at this occupation (month and year) May 14-39 **11. Total time (years) spent in this occupation** 47 yrs

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Cazenovia, Wis. 1

FATHER
13. NAME Elihu Presnell
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) unknown Ind. 9

MOTHER
15. MAIDEN NAME Mary Ann Davis
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) unknown

17. INFORMANT (ADDRESS) Lawrence Nicholson Hopkins Mo

18. BURIAL, CREMATION, OR REMOVAL
PLACE Hopkins, Mo **DATE** Nov. 11 1939

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Stanley Swanson Hopkins Mo

20. FILED 11/10 1939 Ch. Dwyler Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov. 9 1939

22. I HEREBY CERTIFY, That I attended deceased from 5.25.39, 1939, to 10.12.39, 1939.
 I last saw her alive on 10.12.39, 1939. Death is said to have occurred on the date stated above, at 4 P. m.
 The principal cause of death and related causes of importance were as follows:
Primary carcinoma of the left lung Date of onset 6.39

Other contributory causes of importance: H

Name of operation none Date of _____
 What test confirmed diagnosis? tery Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? 0 Date of injury 0, 1939
 Where did injury occur? _____ (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place. 0

Manner of injury 0
 Nature of injury 0

24. Was disease or injury in any way related to occupation of deceased? 0
 If so, specify _____
 (Signed) John Ryce, M. D.
Maryville Mo. (Address)

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

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

Signed Stanley Swanson
Licensed Embalmer No. 3963
P. O. Address Hopkins, 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, above space should be left blank.