FILED JUN 22 1940

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

19145
Do not use this space.

Registered No. 15

1. PLACE OF DEATH

(a) County: Oregon — Registration District No. 636

(b) Township: Piney — Primary Registration District No. 5844

(c) City: — (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 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME 242 John A. Nicholas

(a) Residence, No. alton Mo R#2 St.

(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

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

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Minnie Weaver

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Nov. 20, 1881

7. AGE Years	Months	Days	If LESS than 1 day, ____ hrs. or ____ min.
58	5	16	

OCCUPATION

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.: Farmer

9. Industry or business in which work was done, as saw mill, bank, etc.:

10. Date deceased last worked at this occupation (month and year):

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Missouri

FATHER

13. NAME: Simeon Nicholas

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Missouri

MOTHER

15. MAIDEN NAME: Unknown

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Unknown

17. INFORMANT (ADDRESS): Charles Nicholas, Alton, Mo.

18. BURIAL, CREMATION, OR REMOVAL — PLACE: Bailey Cem. DATE: 5/7/40, 19__

19. FUNERAL DIRECTOR (NAME) (ADDRESS): Neighbors acting 566

20. FILED 5/31, 1940 Enoch Bailey, Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): May 6, 1940

22. I HEREBY CERTIFY, That I attended deceased from July, 1938, to May, 1940

I last saw him alive on May 3, 1940. Death is said to have occurred on the date stated above, at 9:30 A. M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chron. interstitial Nephritis	1939

Other contributory causes of importance:

Name of operation ____ Date of ____

What test confirmed diagnosis? ____ Was there an autopsy?

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? ____ Date of injury ____, 19__

Where did injury occur? ____ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) R. W. Wilson, M. D.

(Address) Alton Mo.

(Licensed Embalmer's Statement on Reverse Side)

Wilson

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.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

I X14028

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.

RECEIVED

District Health Officer No. 5,

District File Number 640.655

Date Filed 6-6-68

Signed.....

Licensed Embalmer No.....

P. O. Address.....

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.