S. No. 2
-11-10-39
5-17-39
P I X21492

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED OCT 11 1940

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 31374

Registration District No. 73 Primary Registration District No. 3006 Registrar's No. 203

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

1. PLACE OF DEATH:

(a) County Boone

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

(c) Name of hospital or institution: Boone County Hosp. (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 2 weeks (Specify whether years, months or days) In this community Unknown

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Boone

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

(d) Street No. 1210 Eugenia St (If rural, give location)

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

3. (a) PRINT FULL NAME Nicholson, Mr. Neal

3. (b) If veteran, name war None

3. (c) Social Security No. H90-07-0767

4. Sex Male

5. Color or race White

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Ruth Nicholson

6. (c) Age of husband or wife if alive Unknown years

7. Birth date of deceased July (Month) 28 (Day) 1908 (Year)

8. AGE: Years 32 Months 1 Days 14 If less than one day ..... hr. ..... min.

9. Birthplace (Unknown) (City, town, or county) Colorado (State or foreign country)

10. Usual occupation Barber

11. Industry or business

FATHER
12. Name Ch. D. Nicholson
13. Birthplace (Unknown) (City, town, or county) Ohio (State or foreign country)

MOTHER
14. Maiden name Ora Bell Anderson
15. Birthplace (Unknown) (City, town, or county) Mo (State or foreign country)

16. (a) Informant Ruth Nicholson
(b) Address Columbia, Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 9 (Month) 15 (Day) 40 (Year)
(c) Place: burial or cremation Columbia Cem.

18. (a) Signature of funeral director Parker's
(b) Address Columbia, Mo

19. (a) 9/14/40 (Date received local registrar) (b) Allie Selby (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept. day 12 year 1940 hour 10 minute 35 P.M.

21. I hereby certify that I attended the deceased from Aug 28, 1940, to Sept. 12, 1940, that I last saw him alive on Sept. 12, 1940 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Peritonitis c	
Multiple localized Abscess	15 days
Pneumonia Lobar Left lower lobe	8 days
Due to Perforated Duodenal Ulcer	15 day
Due to Duodenal Ulcer	?
Other conditions (Include pregnancy within 3 months of death)	

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Major findings:
Of operations
Of autopsy Peritonitis and Pneumonia

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? (Specify type of place)
While at work? (e) Means of injury

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23. Signature James M Baker (M. D. or other) MD
Address Columbia, Mo Date signed 9-13-40

(Licensed Embalmer's Statement on Reverse Side)

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 .....

Licensed Embalmer No. 4132

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.