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FILED JUL 17 1941

State File No. \_\_\_\_\_

Registration District No. 547

Primary Registration District No. 3029

Registrar's No. 181

1. PLACE OF DEATH:

(a) County Marion  
(b) City or town Hannibal  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
Levering Hospital  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_  
(Specify whether  
In this community \_\_\_\_\_  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Ralls  
(c) City or town Rural  
(If outside city or town limits, write "RURAL")  
(d) Street No. New London  
(If rural, give location)  
(e) Citizen of foreign country? / (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME Arthur Boyd Nickason

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

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 alive \_\_\_\_\_ years

7. Birth date of deceased June 1 1941  
(Month) (Day) (Year)

8. AGE: Years \_\_\_\_\_ Months \_\_\_\_\_ Days 1 If less than one day 21 hr. \_\_\_\_\_ min.

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

10. Usual occupation \_\_\_\_\_

11. Industry or business \_\_\_\_\_

12. Name Thomas Nickason

13. Birthplace Hannibal Missouri  
(City, town, or county) (State or foreign country)

14. Maiden name Lucille Breaisher

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

16. (a) Informant Thomas Nickason

(b) Address Ralls County, Mo.

17. (a) Burial (b) Date thereof 6 2 41  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St Olivet Cemetery

18. (a) Signature of funeral director Gaddey Jones

(b) Address Hannibal Mo.

19. (a) June 6, 1941 (b) W. C. Fisher  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 2  
year 1941 hour 8:45 P. M. minute \_\_\_\_\_ M.

21. I hereby certify that I attended the deceased from June 1  
1941 to June 2 1941;

that I last saw him alive on June 2 1941  
and that death occurred on the date and hour stated above.

Immediate cause of death Premature

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Major findings: \_\_\_\_\_  
Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

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?  
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While at work? \_\_\_\_\_ (e) Means of injury \_\_\_\_\_

23. Signature W. C. Fisher (M. D. \_\_\_\_\_)

Address Hannibal, Mo. Date signed 6/6/41

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

**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 *Harold A. Howell*

Licensed Embalmer No. *3889*

P. O. Address *Hunnibal 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.**