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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED OCT 15 1941

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 32009

Registration District No. 547 Primary Registration District No. 3029 Registrar's No. 269

1. PLACE OF DEATH:

(a) County MARION City

(b) City or town HANNIBAL - MO.
(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 2 Days (Specify whether
In this community r
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County RALLS 087

(c) City or town PERRY - MISSOURI
(If outside city or town limits, write "RURAL")

(d) Street No. PERRY - MISSOURI
(If rural, give location)

(e) Citizen of foreign country? NO (Yes or No)

If yes name country 1

3. (a) PRINT FULL NAME CHAS - EDWARD - NICHOLSON.

3. (b) If veteran, name war

3. (c) Social Security No. NONE.

4. Sex MALE

5. Color or race WHITE

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

6. (b) Name of husband or wife SARAH - NICHOLSON

6. (c) Age of husband or wife if alive 70 years

7. Birth date of deceased APRIL - 4 - 1868
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	73	5	22	hr. min.

9. Birthplace NAPLES (City, town, or county) ILLINOIS (State or foreign country)

10. Usual occupation FARMER.

11. Industry or business FARM.

FATHER
12. Name ROBERT - NICHOLSON.
13. Birthplace MARYLAND (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name SARAH - WHITMORE.
15. Birthplace VIRGINIA (City, town, or county) (State or foreign country)

16. (a) Informant Stanley Nicholson
(b) Address 413 Oak St Hannibal Mo.

17. (a) REMOVAL (Burial, cremation, or removal) (b) Date thereof Sept 26 1941 (Month) (Day) (Year)

(c) Place: burial or cremation CURRYVILLE - MO.

18. (a) Signature of funeral director Clyde C. Wilsey
(b) Address Perry Mo.

19. (a) Sept 26 1941 (Date received local registrar) (b) W. Fisher (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 26
year 1941 hour 10:10 minute A.M.

21. I hereby certify that I attended the deceased from Sept 25 - 1941, 19 to Sept 26, 1941;
that I last saw him alive on Sept 25th, 1941;
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Decompensated Heart. -	24 hrs
Due to	
Due to	
Other conditions Pulmonary Abscess (Include pregnancy within 3 months of death)	3 mo

Major findings:
Of operations
Of autopsy

114

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

23. Signature J. Buttman (M. D. or other) M.D.
Address Hannibal Mo. Date signed

4 (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~~ Clydee. Wilkey, Registered Apprentice No. ....., working under my personal supervision.

Signed Clydee. Wilkey.

Licensed Embalmer No. 3820

P. O. Address Perry, 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.