S. No. 2
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED APR 22 1942

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 10401

Registration District No. 104 — Primary Registration District No. 3008 — Registrar's No. 68

1. PLACE OF DEATH:
(a) County Callaway
(b) City or town Fulton (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Callaway Hospital (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 17 Days (Specify whether
In this community 18 Years years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Callaway 014
(c) City or town Fulton (If outside city or town limits, write "RURAL")
(d) Street No. 809 Court (If rural, give location)
(e) If foreign born, how long in U. S. A.? Life 0 years.

3. (a) PRINT FULL NAME WILLIAM MOSBY NOLIN
3. (b) If veteran, name war No
3. (c) Social Security No. None
4. Sex Male 0
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Annie Nolin
6. (c) Age of husband or wife if alive 75 years
7. Birth date of deceased Oct. (Month) 17 (Day) 1864 (Year)

8. AGE: Years	Months	Days	If less than one day
77	4	14	hr. min.

9. Birthplace Pike County, 0 Missouri (City, town, or county) (State or foreign country)
10. Usual occupation Druggist
11. Industry or business Drug Store
FATHER
12. Name John L. Nolin
13. Birthplace Virginia (City, town, or county) (State or foreign country)
MOTHER
14. Maiden name Susan Moranda Williams
15. Birthplace Unknown U (City, town, or county) (State or foreign country)
16. (a) Informant Mrs. W. N. Nolin
(b) Address Fulton, Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 3/2/42 (Month) (Day) (Year)
(c) Place: burial or cremation Shelbina, Mo.
18. (a) Signature of funeral director Leo C. Wallace
(b) Address Fulton, Mo.
19. (a) Mar. 2 42 (Date received local registrar) (b) Josie Morsulchoff (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 1st year 1942 hour 8 15 minute A. M.
21. I hereby certify that I attended the deceased from 2/7, 1942, to 3/1, 1942 that I last saw him alive on 3/1, 1942 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Perforated ulcer of stomach with peritonitis	2 weeks
Due to gastric ulcer chronic nephritis	yrs
Due to arteriosclerosis	
Other conditions (Include pregnancy within 3 months of death) 1170	

Major findings: Of operations Perforated ulcer near pyloros
Of autopsy —

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 Henry Drust (M. D. or other) M.D.
Address Fulton, Mo. Date signed 3/2/42

1141 (Licensed Embalmer's Statement on Reverse Side)

FEB 2 1943

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, ~~only~~ ....., Registered Apprentice No. ....., working under my personal supervision.

Signed Owen Boggs Jr.

Licensed Embalmer No. 3940

P. O. Address Fulton, 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.