

No. 2
-5-42
5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 41626

FILED JAN 15 1948

Primary Registration District No. 3054

Registrar's No.

1. PLACE OF DEATH:
(a) County Pike Mo
(b) City or town Louisiana Mo
(c) Name of hospital or institution:
205 N 8th 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 7 weeks (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Ill (b) County Pike 999
(c) City or town Pleasant Hill 11
(If outside city or town limits, write "RURAL")
(d) Street No. Rural 0
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country 21

3. (a) PRINT FULL NAME John Cornelius Nicholas
(b) If veteran, name war No
(c) Social Security No. No

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Dec day 11
year 1942 hour 4 minute 00 P.M.

4. Sex Male
5. Color of race White
6. (a) Single, widowed, married, divorced, or married
6. (c) Age of husband or wife if alive 75 years
7. Birth date of deceased: Dec 11-1859 (Month) (Day) (Year)

21. I hereby certify that I attended the deceased from Nov 1 1942 to Dec 11 1942
that I last saw him alive on Dec 11 1942
and that death occurred on the date and hour stated above.

8. AGE: Years 83 Months 0 Days 1 If less than one day hr. min.

Immediate cause of death: Pneumonia by embolus - of
Due to
Due to
Other conditions: (Include pregnancy within 3 months of death) Hb
Major findings: Coarctation of aorta
Of operation: to liver -
Of autopsy: none

9. Birthplace: Bateh town Ill (City, town, or county) (State or foreign country)
10. Usual occupation: Retired Farmer

11. Industry or business: Farmer
12. Name: Morrison J. Nicholas
13. Birthplace: Washington Co Penna (City, town, or county) (State or foreign country)
14. Maiden name: Miss Frances M. Laughlin
15. Birthplace: Jersey Co Ill (City, town, or county) (State or foreign country)

PHYSICIAN
Underline the cause to which death should be charged statistically.

16. (a) Informant: Sara Kathryn Denable
(b) Address: 205 N 8th Louisiana Mo
(c) Place: burial or cremation: Pleasant Hill Ill
(d) Signature of funeral director: Richard Harman
(e) Address: Pleasant Hill Ill
(f) Date received local registrar: 12-12-42 (Date received local registrar)
(g) Signature of registrar: J. H. ... (Registrar's signature)

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) none
(b) Date of occurrence: none
(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?
While at work: (Specify type of place)
(e) Means of injury: none
23. Signature: (M. D. or D. O.)
Address: Louisiana Mo Date signed: 12/12/42

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

2
9
1

1107

RECEIVED

District Health Officer No. 10

District File Number 1-43-115

Date Filed Jan-13-1943

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, or by.....
....., Registered Apprentice No.....
working under my personal supervision.

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, fact should be so stated above.