

FILED JUN 11 1943

Registration District No. 18

Primary Registration District No. 6072

1. PLACE OF DEATH:

(a) County: St. Francois

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

(c) Name of hospital or institution: 1
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____
(Specify whether years, months or days)

In this community _____
years, months or days

3. (a) PRINT FULL NAME: GAYLYNN NICHOLSON

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: _____
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
			4 hr. _____ min.

9. Birthplace: St. Francois Co. Mo.
(City, town, or county) (State or foreign country)

10. Usual occupation _____

11. Industry or business _____

MOTHER FATHER

12. Name: Arthur S. Nicholson

13. Birthplace: Clarks Mo.
(City, town, or county) (State or foreign country)

14. Maiden name: Jessie S. Nicholson

15. Birthplace: Fredricktown Mo.
(City, town, or county) (State or foreign country)

16. (a) Informant: Arthur S. Nicholson

(b) Address: Farmington, Mo. R.F.D. #1

17. (a) Burial (b) Date thereof: May 19, 1943
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation: Pendleton Cem., Des Peres, Mo.

18. (a) Signature of funeral director: Wally Funeral Home

(b) Address: Farmington, Mo.

19. (a) May 26-1943 (b) B. Byrdie Burkmaster
(Date recorded local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State: Missouri (b) County: St. Francois

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

(d) Street No. _____
(If rural, give location)

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

If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 19 -
year 1943 hour 10 minute 2 M.

21. I hereby certify that I attended the deceased from May 19
1943 to May 19, 1943
that I last saw him alive on May 17, 1943
and that death occurred on the date and hour stated above.

Immediate cause of death: Pneumonia

Duration: 4 hrs.

Due to _____

Due to _____

Other conditions: _____
(Include pregnancy within 3 months of death)

Major findings: 159

Of operations _____

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? _____

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

23. Signature: Geo. L. Walker (M.D. or other) _____
Address: Farmington, Mo. Date signed: 5-26-43

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

LIVED

District Health Officer No. 4
District File Number 643-2264
Date Filed 6-5-43

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.....

Not Embalmed....., Registered Apprentice No.....
working under my personal supervision.

Signed Beal J. Miller
Licensed Embalmer No. 3752
P. O. Address Farmington, 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.