S. No. 2
—1-4-41
5-17-39
I X25390

39
2
6

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED DEC 11 1943

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 38251

Registration District No. 128 — Primary Registration District No. 2000 — Registrar's No. 959

1. PLACE OF DEATH:

(a) County GREENE
(b) City or town SPRINGFIELD MO.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 807 / COLLEGE
(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: 37

(a) State MO. (b) County GREENE
(c) City or town SPRINGFIELD
(If outside city or town limits, write "RURAL")
(d) Street No. 807 College
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country ✓ 0

3. (a) PRINT FULL NAME OTIS O. NICHOLSON

3. (b) If veteran, name war SPANISH-AMERICAN — 3. (c) Social Security No. Unk.

4. Sex MALE — 5. Color or race WHITE — 6. (a) Single, widowed, married, divorced MARRIED

6. (b) Name of husband or wife ROSA L. NICHOLSON — 6. (c) Age of husband or wife if alive 71 years

7. Birth date of deceased SEPT. (Month) 9 (Day) 1866 (Year)

8. AGE: Years 77 Months 2 Days 18 — If less than one day ..... hr. ..... min.

9. Birthplace EDWARDS (City, town, or county) MO. 0 (State or foreign country)
10. Usual occupation (15 yr.) Retired furniture Repair man
11. Industry or business Furniture

FATHER
12. Name Thomas J. Nicholson 0
13. Birthplace Unk. (City, town, or county) Unknown (State or foreign country)

MOTHER
14. Maiden name Margaret Ann Leslie 0
15. Birthplace Unk. (City, town, or county) Unknown (State or foreign country)

16. (a) Informant Rosa L. Nicholson
(b) Address SPRINGFIELD MO.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Dec. 1-1943 (Month) (Day) (Year)
(c) Place: burial or cremation Bethel Camp Ground
18. (a) Signature of funeral director J. W. Klingner & Co
(b) Address SPRINGFIELD MO.
19. (a) 11-30-43 (Date received local registrar) (b) D. W. Handley (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 27th year 1943 hour 7 minute 00 P. M.

21. I hereby certify that I attended the deceased from 9-28-43, 19..., to 11-28-43, 19...; that I last saw him alive on November 27, 1943; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Coronary Occlusion ~~Aterio-Sclerosis~~	3 hrs.
Due to Arterio-Sclerosis	yrs.
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
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? (Specify type of place)
While at work? (e) Means of injury

23. Signature E. Allen Nicholson Mrs. (or other)
Address Spfd. Mo. Date signed 11-29-43

(Licensed Embalmer's Statement on Reverse Side)

9 42

JAN 26 1944

DEC 2 2 1949

DEC 2 7 1949

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 Max Rhodes

Licensed Embalmer No. 4071

P. O. Address Springfield

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.