S. No. 2
OM—5-43
v. 5-17-39
I X36671

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 38637

Registration District No. FILED NOV 25 1944

Primary Registration District No. 4450

Registrar's No. 2007

1. PLACE OF DEATH:

(a) County Ripley,

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

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

(d) Length of stay: In hospital or institution (Specify whether

In this community six Days. years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Oregon 91

(c) City or town Alton, ..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

3. (a) PRINT FULL NAME FRANK DUANE NICHOLAS.

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 May, (Month) 23- (Day) 1935. (Year)

8. AGE: Years -9- Months -4- Days -28- If less than one day hr. min.

9. Birthplace Oregon County, Mo. (City, town, or county) (State or foreign country)

10. Usual occupation

11. Industry or business School-Boy

FATHER
12. Name Clarence Nicholas,
13. Birthplace Oregon Co. Missouri. (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Dorothy Dotson,
15. Birthplace Oregon Co. Mo. (City, town, or county) (State or foreign country)

16. (a) Informant Clarence Nicholas,

(b) Address Alton, Mo. R-2.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 10-23-44. (Month) (Day) (Year)

(c) Place: burial or cremation Huddleston Cemetery-Alton, Mo.

18. (a) Signature of funeral director F. E. Jordan,

(b) Address Doniphan, Mo.

19. (a) 11-21-44 (Date received local registrar) (b) E. B. Johnston (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 21-1944.

year hour 11;00 minute P. M.

21. I hereby certify that I attended the deceased from Oct-10, 1944 to Oct 21 — 1944

that I last saw him alive on October 21, 1944.

and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Carditis	
Due to Rheumatism	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy	

95C

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. E. Williams (M. D. or other)

Address Doniphan, Mo. 10-22-44.

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(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 .....

..... Registered Apprentice No. .....,

working under my personal supervision.

Signed .....

Licensed Embalmer No. 3200

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.