

FILED JUN 23 1945

State File No. _____

Registration District No. 366

Primary Registration District No. 6245

Registrar's No. 26

1. PLACE OF DEATH:

(a) County Washington
(b) City or town Rural Walton
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution near Patoni mo. 1 leap
(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:

(a) State Missouri (b) County Washington
(c) City or town Rural 110
(If outside city or town limits, write "RURAL")
(d) Street No. near Patoni mo. 1
(If rural, give location)
(e) Citizen of foreign country? no. 0 (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME

David Lawrence Nicus

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

4. Sex M D

5. Color or race W

6. (a) Single, widowed, married, Divorced Baby

6. (b) Name of husband or wife _____

6. (c) Age of husband or wife if _____

7. Birth date of deceased Feb 19 45
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
2 19 hr. min.

9. Birthplace Washington Co. mo. 11
(City, town, or county) (State or foreign country)

10. Usual occupation none

11. Industry or business _____

12. Name Larence Nicus

13. Birthplace Washington Co. mo. 6
(City, town, or county) (State or foreign country)

14. Maiden name Lemore Vance

15. Birthplace Washington Co. mo. 11
(City, town, or county) (State or foreign country)

16. (a) Informant Larence Nicus

(b) Address Patoni mo.

17. (a) Burial (b) Date thereof 5-9-45
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation High Point

18. (a) Signature of funeral director C. Sparks

(b) Address Patoni mo.

19. (a) 5-9-1945 (b) Joe L. Thurman
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 8
year 1945 hour 5 minute _____ P. M.

21. I hereby certify that I attended the deceased from Feb 20 1945 to May 8 1945
that I last saw him alive on May 12 1945
and that death occurred on the date and hour stated above.

Immediate cause of death Congenital heart - Blue Baby
Due to _____
Due to _____

Other conditions (include pregnancy within 3 months of death) 1572

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? _____

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

23. Signature Joe L. Thurman (M. D. or other) _____
Address Patoni Mo. Date signed 5-9-45

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

MOTHER FATHER

RECEIVED

District Health Officer No. 4

District File Number 645-753

Date Filed 6-21-45

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. 4787

P. O. Address Flat 4, New York

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.