S. No. 2
M—9-4-41
v. 5-17-39
I X29484

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 27471

FILED SEP 11 1945

Registration District No. 7 0 7 1 | Primary Registration District No. 3023 | Registrar's No. 131

1. PLACE OF DEATH:
(a) County Henry
(b) City or town Clinton
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution Nickel Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 3 days. (Specify whether
In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Vernon
(c) City or town Nevada
(If outside city or town limits, write "RURAL")
(d) Street No. 2
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME WALLACE DOMAN
3. (b) If veteran, name war No
3. (c) Social Security No. 491-05-9373
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife Flossie Fortney
6. (c) Age of husband or wife if alive 49 years
7. Birth date of deceased March (Month) 4 (Day) 1888 (Year)

8. AGE: Years 57 Months 5 Days 27 If less than one day hr. min.

9. Birthplace Henry County (City, town, or county) Mo. (State or foreign country)
10. Usual occupation Cabinet maker
11. Industry or business

MOTHER FATHER
12. Name Solomon Doman
13. Birthplace Wheeling (City, town, or county) W. Va. (State or foreign country)
14. Maiden name Araminta Brown
15. Birthplace Johnson Co. (City, town, or county) Mo. (State or foreign country)

16. (a) Informant Mrs T D Swan
(b) Address Schell City, Mo
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Sept 2 1945 (Month) (Day) (Year)
(c) Place: burial or cremation Schell City Mo
18. (a) Signature of funeral director Lute Lewis & Son
(b) Address Schell City Mo
19. (a) Sept 2 - 45 (Date received local registrar) (b) A R Kenney (Registrar's signature)

1452

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month September day 1st
year 1945 hour 10 minute 55 A.M.
21. I hereby certify that I attended the deceased from August 29, 1945, to Sept 1st, 1945; that I last saw h.i.m. alive on September 1st, 1945 and that death occurred on the date and hour stated above.

Immediate cause of death Acute Peritonitis — Duration
Caused by abstruction of bowell probably
Due to Carcinoma
Due to Acute Nephritis
Other conditions (Include pregnancy within 3 months of death)

Major findings:
Of operations N/C
Of autopsy

ADDITIONAL SUPPLEMENTAL INFORMATION REQUESTED

PHYSICIAN
Underline 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 Geo S Nickel M.D. (M. D. or Other)
Address Clinton Mo Date signed Sept 4 45

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
[illegible] Office No. 7,
[illegible] 8-4-41
[illegible]
Date Filed 9-10-41

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 Marion M. Laura

Licensed Embalmer No. 3084

P. O. Address Schell City, 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.