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FILED DEC 12 1945

Registration District No. **268**

Primary Registration District No. **5906**

Registrar's No. **1**

1. PLACE OF DEATH:

(a) County **Pemiscot**
(b) City or town **RURAL Little River Twp**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: **/**
(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)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Pemiscot 78**
(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 _____

3. (a) PRINT FULL NAME

Laney Nicholas

3. (b) If veteran, name war _____

3. (c) Social Security No. **✓**

4. Sex **MO**

5. Color or race **W**

6. (a) Single, widowed, married, divorced **MARRIED**

6. (b) Name of husband or wife **Laura Nicholas**

6. (c) Age of husband or wife if alive **60** years

7. Birth date of deceased **MARCH** (Month)

19 (Day) **1885** (Year)

8. AGE:

Years **60** Months **7** Days _____ If less than one day _____ hr. _____ min.

9. Birthplace **New Madrid** (City, town, or county)

MO (State or foreign country)

10. Usual occupation **Retired Farmer**

11. Industry or business

MOTHER FATHER {
12. Name **LAW T. Nicholas**
13. Birthplace **Unknown** (City, town, or county) **Tenn.** (State or foreign country)
14. Maiden name **Maria Adams**
15. Birthplace **Unknown** (City, town, or county) **Tenn.** (State or foreign country)

16. (a) Informant **Fred Nicholas**
(b) Address **Gideon, Mo**

17. (a) **Burial** (Burial, cremation, or removal) (b) Date thereof **Nov. 13 1945** (Month) (Day) (Year)

(c) Place: burial or cremation **Petaqueville**

18. (a) Signature of funeral director **Delisle Funeral Parlor**
(b) Address **Petaqueville, Mo.**

19. (a) **11-26-45** (Date received local registrar) (b) **Mrs. A. G. Thomas** (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Nov.** day **11**
year **1945** hour **unknown** minute _____ M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;
that I last saw h_____ alive on _____, 19____;
and that death occurred on the date and hour stated above.
Immediate cause of death _____

Due to **Death from exposure to weather**

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

Major findings: Of operations _____

Of autopsy _____

Duration

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 **J.H. Hicken** (or other) _____
Address **2040 240** Date signed **11-24-45**

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

11-46-231

DEC 27 1945

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.....

.....
working under my personal supervision.

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

Signed

Leonard John Fargo

Licensed Embalmer No. *4336*

P. O. Address. *Portageville, 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.

Registration District No. 268

Primary Registration District No. 5906

Registrar's No. 531

1. PLACE OF DEATH:
 (a) County Pemiscot
 (b) City or town Rural Little River Sup.
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
(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)

3. (a) PRINT FULL NAME Laney Nicholas
 3. (b) If veteran, name war.....
 3. (c) Social Security No.....

4. Sex M 5. Color or race W
 6. (a) Single, widowed, married, divorced M
 6. (b) Name of husband or wife.....
 6. (c) Age of husband or wife if alive..... years
 7. Birth date of deceased mon 19
(Month) (Day) (Year)

8. AGE: Years 60 Months 8 Days 1
If less than one day hr. min.

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

10. Usual occupation.....

11. Industry or business.....

12. Name.....

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

14. Maiden name.....

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

16. (a) Informant.....

(b) Address.....

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

(c) Place: burial or cremation.....

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

(b) Address.....

19. (a)..... (b).....
(Date received local registrar) (Registrar's signature)

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov Day 19 Year 1945
 hour..... minute..... M.
 21. I hereby certify that I attended the deceased from..... to.....
 that I saw him..... alive on..... 19.....
 and that death occurred on the date and hour stated above.
 immediate cause of death.....

Duration.....
 PHYSICIAN.....
 Underline the cause to which death should be charged statistically.

Due to.....
 Due to.....
 Other conditions.....
(Include pregnancy within 3 months of death)

Major findings:
 Of operations.....
 Of autopsy.....

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)

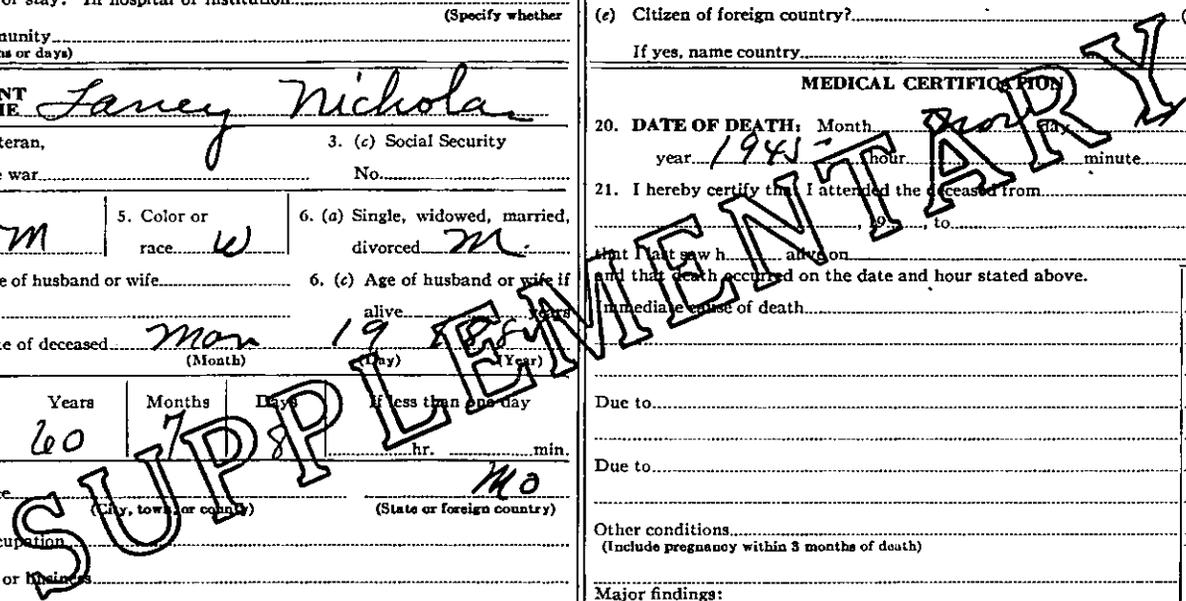
(d) Did injury occur in or about home, on farm, in industrial place, in public place?
(Specify type of place)

While at work?..... (e) Means of injury.....

23. Signature J. W. Nickerson (M. D. or other) J. P.

Address..... Date signed.....

Coroner out of town at time of death



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

MOTHER FATHER

~~to the~~
of course
J. H. Williams
M.D. 0000