

No. 2
1-5-43
5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF VITAL STATISTICS
FILED MAR 21 1947

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **8134**
Registrar's No. **99**

Registration District No. **47** Primary Registration District No. **3008**

1. PLACE OF DEATH:
(a) County **Callaway**
(b) City or town **Fulton**
(c) Name of hospital or institution: **1**
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **8 Years** (Specify whether years, months or days)
In this community **8 Years** (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State **Missouri** (b) County **Callaway**
(c) City or town **Fulton** (If outside city or town limits, write "RURAL")
(d) Street No. **514 Grand Ave** (If rural, give location)
(e) Citizen of foreign country? **No** (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME **William E Nicolson**
3. (b) If veteran, name war
3. (c) Social Security No.

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month **March**, day **8**, year **1947**, hour **3**, minute **50 A.M.**
21. I hereby certify that I attended the deceased from **Dec 2nd 1946** until **March 8 1947** that I last saw **alive on Feb 2nd 1947** and that death occurred on the **date and hour stated above**.

4. Sex **Male** 5. Color or race **White** 6. (a) Single, widowed, married, divorced **Married**
6. (b) Name of husband or wife **Bertha** 6. (c) Age of husband or wife if alive **11** years **1882** (Month) (Day) (Year)

Immediate cause of death: **Apparently a Myocardial Infarction**
Due to: **as at hand**
Due to: **He had had several Paralytic strokes**
Other conditions: (Include pregnancy within 3 months of death)

8. AGE: Years **64** Months **3** Days **27** If less than one day hr. min.

PHYSICIAN
Major findings: Of operations: **A3E**
Of autopsy: **A3E**
Underline the cause to which death should be charged statistically.

9. Birthplace **N. E. Callaway Co Missouri** (City, town, or county) (State or foreign country)

10. Usual occupation **Retired Farmer**

11. Industry or business **Samuel Dyer Nicolson**

12. Name **Samuel Dyer Nicolson** (City, town, or county) (State or foreign country)
13. Birthplace **Missouri**
14. Maiden name **Virginia Harrison** (City, town, or county) (State or foreign country)
15. Birthplace **Missouri** (City, town, or county) (State or foreign country)

16. (a) Informant **Mrs Bertha Nicolson**

(b) Address **514 Grand Ave, Fulton, Mo.**

17. (a) **Burial** (b) Date thereof **3-10-47** (Burial, cremation, or removal) (Month) (Day) (Year)

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

18. (a) Signature of funeral director **Haller Funeral Home**

(b) Address **776 1/2 Fulton Missouri**

19. (a) **3-10-1947** (b) **Jesse Mowatt Huff** (Date received local registrar) (Registrar's signature)

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 **3**
23. Signature **W. Garrett Cornes** (Ed. D. or other) Address **Fulton Mo** Date signed **3/9/47**

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

5-18-47

Act File Number

RECEIVED
District Health Officer No. 9,

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 *Wenzil C. Browning*
Licensed Embalmer No. *2724*
P. O. Address *Fulton 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.