No. 2
-12-45
-17-39
X47070

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAY 20 1947

Registration District No. 121

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 5452

State File No. 17205

Registrar's No. 5

1. PLACE OF DEATH:

(a) County Greene

(b) City or town Ash Grove R.R.
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: — 3
(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)
In this community Native

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Greene 39

(c) City or town Ash Grove R.R. 0
(If outside city or town limits, write "RURAL")

(d) Street No. — 0
(If rural, give location)

(e) Citizen of foreign country? — (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME Roger B. Nicholson

3. (b) If veteran, name war World War 2

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 9 (Month) 25 (Day) 1926 (Year)

8. AGE:

Years	Months	Days	If less than one day
20	7	16	hr. min.

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

10. Usual occupation R.E.A. laborer

11. Industry or business

FATHER
12. Name Percy A Nicholson
13. Birthplace Mo (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Alma Bullard
15. Birthplace Mo (City, town, or county) (State or foreign country)

16. (a) Informant Percy A Nicholson
(b) Address Ash Grove R.F.D.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 5-13-1947 (Month) (Day) (Year)
(c) Place: burial or cremation Johns Chapel

18. (a) Signature of funeral director Morris Leiman
(b) Address Ash Grove Mo.

19. (a) 5/15/47 (Date received local registrar) (b) Irene A. Wilson (Registrar's signature) 10 11

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 11 year 1947 hour 1 minute 30 A M.

21. I hereby certify that I attended the deceased from no physician in attendance, 19__, to __, 19__; that I last saw h__ alive on __, 19__; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Drowning	
Due to Boat turned over while fishing	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
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) Accident 39

(b) Date of occurrence May 11, 1947

(c) Where did injury occur? (City or town) Greene (County) Mo. (State)

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

While at work? No (e) Means of injury Drowning

23. Signature Murray C Stone Coroner (M. D. or other) 3

Address Springfield, Mo. Date signed 5-11-47

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
Greene County Health Office,
County File Number 47-5-56
Date Filed 5-19-47

MAR 24 1948

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 G. R. Leiman

Licensed Embalmer No. 3297

P. O. Address Miller 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.