

JUN 18 1939

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

43194
Do not use this space.

1. PLACE OF DEATH

(a) County Cooper 2 Registration District No. 221
(b) Township Rebawana Primary Registration District No. 6300
(c) City _____ (d) Street No. _____ St. _____
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Rev. Ira D. S. Nicholson

(a) Residence, No. Fortuna, Mo. St. (If nonresident, give city or town and State)
(Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Mrs. Esther B. Nicholson

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov. 7, 1879

7. AGE YEARS MONTHS DAYS If LESS than 1 day,hra. ormin.
60 1 18

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. _____
9. Industry or business in which work was done, as saw mill, bank, etc. Minister
10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Bucyrus Ohio

FATHER 13. NAME Silas Nicholson

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown Ohio

MOTHER 15. MAIDEN NAME Mary Crebbs

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown Ohio

17. INFORMANT (ADDRESS) Clarabee Nicholson 615 S. Engineer - Sedalia, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Crown Hill Sedalia, Mo. DATE 12/28 1939

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Duane Ewing Sedalia, Mo.

20. FILED 12/27 1939 W. H. F. Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec 25 1939

22. I HEREBY CERTIFY, That I attended deceased from not attended, 19-, to -, 19-

I last saw h - not seen alive, 19-. Death is said to have occurred on the date stated above, at 10.45 AM.

The principal cause of death and related causes of importance were as follows:

Coronary Occlusion

Date of onset unknown

Other contributory causes of importance:

Name of operation _____ Date of _____
What test confirmed diagnosis? history Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? _____ Date of injury _____, 19-

Where did injury occur? _____ (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury _____ Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? no
If so, specify _____

(Signed) J. C. Fincher, M. D.
Boonville Mo.
Coroner of Cooper County, Mo.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

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

Duane Ewing

Licensed Embalmer No.

38A7

P. O. Address.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to conform with the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.