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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUL 11 1944

Registration District No. 13

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 4133

State File No. 21387

Registrar's No. 57

1. PLACE OF DEATH:

(a) County Clay

(b) City or town Kearney
(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 1 (Specify whether
In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Clay 24

(c) City or town Kearney 0
(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 0

3. (a) PRINT FULL NAME William A Nicholson

3. (b) If veteran, name war

3. (c) Social Security No. No

4. Sex Male 0

5. Color or race White

6. (a) Single, widowed, married, divorced Widower 2

6. (b) Name of husband or wife Mary

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

7. Birth date of deceased May (Month) 25 (Day) 1856 (Year)

8. AGE: Years 88 Months Days 15 If less than one day hr. min.

9. Birthplace Clay Co (City, town, or county) Mo 0 (State or foreign country)

10. Usual occupation Farmer

11. Industry or business

FATHER
12. Name James Nicholson
13. Birthplace (City, town, or county) Mo 0 (State or foreign country)

MOTHER
14. Maiden name Mary Brockman
15. Birthplace (City, town, or county) Mo 0 (State or foreign country)

16. (a) Informant Frank Nicholson
(b) Address Holt Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 6-10-44 (Month) (Day) (Year)
(c) Place: burial or cremation Fairview - Kearney

18. (a) Signature of funeral director Leonard Fay
(b) Address Kearney Mo

19. (a) 6-9-44 (Date received local registrar) (b) Helen Early (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 9th
year 1944 hour 11:00 minute 9 M.

21. I hereby certify that I attended the deceased from
19 to 19
that I last saw him alive on Coroners Case 19
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Occlusion

Due to Coroners Case

Due to Coroners Case 94-a

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations Coroners Case

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) Coronary Occlusion

(b) Date of occurrence 6-9-1944

(c) Where did injury occur? Kearney (City or town) Clay (County) Mo (State)

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

While at work? (e) Means of injury

23. Signature R. W. Prather Coroner (M. D. or other)

Address Excelsior Springs Mo Date signed 6-9-44

426

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 8
District File Number.....
Date Filed 7-10-41

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 Leonard Fry

Licensed Embalmer No. 1677

P. O. Address Kearney Mo

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

If this body is not embalmed, fact should be so stated above.