

S. No. 2
M-8-43
5-17-39
P-1 X37023

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

13199

State File No. _____

FILED MAY 27 1945
Registered District No. 57845

Primary Registration District No. 3015

Registrar's No. 29

25
1
1
WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:

(a) County. CLIXTON
(b) City or town. CAMERON
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 280 S Walnut
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution no (Specify whether)
In this community 20 yrs years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State. Missouri (b) County. Clinton 2nd
(c) City or town. Cameron
(If outside city or town limits, write "RURAL")
(d) Street No. 280 - 5 Walnut
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Joseph E. Nicholas

3. (b) If veteran, name war World War #1 3. (c) Social Security No. 87-07-1922

4. Sex MALE 5. Color or race white 6. (a) Single, widowed, married, divorced married

6. (b) Name of husband or wife Hell Nicholas 6. (c) Age of husband or wife if alive 36 years

7. Birth date of deceased. September 9 1892
(Month) (Day) (Year)

8. AGE: Years 52 Months 4 Days 1 If less than one day _____ hr. _____ min.

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

10. Usual occupation Circulation manager

11. Industry or business Meridian Pub. Co.

12. Name L. E. Nicholas

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

14. Maiden name No record

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

16. (a) Informant Mrs. Hell Nicholas
(b) Address Cameron

17. (a) Burial (b) Date thereof. 4-14-45
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Graceland

18. (a) Signature of funeral director Palmer Funeral Home
(b) Address Cameron

19. (a) Apr. 14, 1945 (b) Mrs Kathleen Harris
(Data received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 10
year 1945 hour _____ minute 6:30 P.M.

21. I hereby certify that I attended the deceased from Apr 10
1945 to Apr 10 1945
that I last saw him alive on Apr 10 1945
and that death occurred on the date and hour stated above:

Immediate cause of death Cerebral Pectonus Thr

Due to _____

Due to _____

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

Major findings: Of operations 94%

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 3rd

23. Signature O. D. Greenland (M. D. or other) MD
Address Cameron Mo Date signed Apr 14 1945

1086

(Licensed Embalmer's Statement on Reverse Side)

147945

FEB 7 1947

JUL 26 1945

MAY 4 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

Registered Apprentice No.

working under my personal supervision.

Signed

[Handwritten Signature]

Licensed Embalmer No.

3960

P. O. Address

[Handwritten Address]

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.