

FILED APR 17 1946 **STANDARD CERTIFICATE OF DEATH**

12980

State File No. _____

Registration District No. 141

Primary Registration District No. 3025

Registrar's No. 37

1. PLACE OF DEATH:

(a) County Howell

(b) City or town West Plains
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: West Plains Hospital 0
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 3 days (Specify whether years, months or days)

In this community 10 months

3. (a) PRINT FULL NAME Linda Kay Nicholson

3. (b) If veteran, name war no

3. (c) Social Security No. no

4. Sex f **5. Color or race** W

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 March 14 1945
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
	<u>10</u>	<u>20</u>	hr. _____ min.

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

10. Usual occupation _____

11. Industry or business _____

12. Name Leland Nicholson

13. Birthplace Thomasville Mo. 0
(City, town, or county) (State or foreign country)

14. Maiden name Uval Bates

15. Birthplace Fremont Mo. 0
(City, town, or county) (State or foreign country)

16. (a) Informant Nettie Bates

(b) Address Montier, Mo.

17. (a) Burial (Burial, cremation, or removal) **(b) Date thereof** Feb 6 1946
(Month) (Day) (Year)

(c) Place: burial or cremation Turkey Oak Cemetery

18. (a) Signature of funeral director Joe R. Duncan

(b) Address Mtn. View, Mo.

19. (a) 3-22-46 (Date received from registrar) **(b) Gladys Harrison** (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Shannon 101

(c) City or town Montier 0
(If outside city or town limits, write "RURAL")

(d) Street No. none 0
(If rural, give location)

(e) Citizen of foreign country? no (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb day 4
year 1946 hour 8 minute 40 p.M.

21. I hereby certify that I attended the deceased from 2/2 1946, to 2/4 1946,
that I last saw her alive on 2/4 1946,
and that death occurred on the date and hour stated above.

Immediate cause of death Pneumonia

Due to bronchial

Due to _____

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

Major findings:
Of operations _____

Of autopsy _____

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 11

23. Signature Maude Shauler (M. D. or other) M.D.
Address West Plains, Mo. Date signed 3/21/46

Duration

5 days

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

11886

6
1
1

RECEIVED
District Health Officer No. 5
District File Number 446286
Date Filed 4-16-46

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 Joe R. Duncan
Licensed Embalmer No. 4325
P. O. Address Mtn View, 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.