

FILED MAY 21 1948

Registration District No. 2106

Primary Registration District No. 10243

State File No. _____

Registrar's No. _____

1. PLACE OF DEATH:

(a) County Washington
(b) City or town Rural Liberty
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Near Potosi mo. 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
(Specify whether _____)
In this community _____
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Washington
(c) City or town Rural
(If outside city or town limits, write "RURAL")
(d) Street No. Near Potosi mo.
(If rural, give location)
(e) Citizen of foreign country? no. (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME John Martin Nicholson
3. (b) If veteran, name war _____
3. (c) Social Security No. _____

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month April day 29
year 1946 hour 2 minute A.M.

4. Sex M 5. Color or race W
6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife Lura Nicholson
6. (c) Age of husband or wife if alive 58 years
7. Birth date of deceased Feb 13 1888
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from July 1943 to April 29 1946
and that I last saw him alive on April 29 1946
and that death occurred on the date and hour stated above.

8. AGE: Years 65 Months 2 Days 16 If less than one day _____ hr. _____ min.

Immediate cause of death Carcinoma Præcæ
Due to _____
Due to _____

9. Birthplace Washington Co. mo.
(City, town, or county) (State or foreign country)

Other conditions _____
(Include pregnancy within 3 months of death)
Major findings: 5/15
Of operations _____
Of autopsy _____

10. Usual occupation Farmer

MOTHER FATHER
11. Industry or business _____
12. Name John Nicholson
13. Birthplace Washington Co. mo.
(City, town, or county) (State or foreign country)
14. Maiden name Martha Popual
15. Birthplace Washington Co. mo.
(City, town, or county) (State or foreign country)

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 _____

16. (a) Informant Lura Nicholson
(b) Address Potosi mo RR. 1.
17. (a) Burial (b) Date thereof 4-3-46
(Burial, cremation, or removal) (Month) (Day) (Year)

23. Signature J. F. [unclear] (M. D. or other) _____
Address Potosi mo. Date signed _____

18. (a) Signature of funeral director Mrs. Luther Sparks
(b) Address Potosi mo.
19. (a) May 10 46 (b) J. F. [unclear]
(Date received local registrar) (Registrar's signature)

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

1819A

RECEIVED

District Health Officer No. 4

District File Number 546-2157

Date Filed 5-20-46

MAY 27 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 Murphy L. Sparks

Licensed Embalmer No. 4236

P. O. Address Fla. Ave. 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.