S. No. 2
M—8-43
. 5-17-39
P I X37823

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUN 19 1947

Registration District No. 324

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 3072

State File No. 23049

Registrar's No. 124

97
1
2

1. PLACE OF DEATH:
(a) County: Saline
(b) City or town: Marshall, Mo.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Fitzgibbons Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution: 3 Weeks (Specify whether years, months or days)
In this community: All her life

2. USUAL RESIDENCE OF DECEASED:
(a) State: Missouri (b) County: Saline 97
(c) City or town: Marshall 1
(If outside city or town limits, write "RURAL")
(d) Street No.: 1081 South Lafayette 2
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country:

3. (a) PRINT FULL NAME: Martha Elizabeth Nicholas
3. (b) If veteran, name war:
3. (c) Social Security No. None
4. Sex: Female
5. Color or race: White
6. (a) Single, widowed, married, divorced: Married
6. (b) Name of husband or wife: Fred B. Nicholas
6. (c) Age of husband or wife if alive: 82 years
7. Birth date of deceased: October (Month) 19th (Day), 1871. (Year)

8. AGE: Years	Months	Days	If less than one day
75	7	16	hr. min.

9. Birthplace: Saline county, Missouri (City, town, or county) (State or foreign country)
10. Usual occupation: House keeper
11. Industry or business:
FATHER
12. Name: Berryman Aulger
13. Birthplace: Saline county, Missouri (City, town, or county) (State or foreign country)
MOTHER
14. Maiden name: Hulda Jane Smith
15. Birthplace: Savannah Missouri (City, town, or county) (State or foreign country)
16. (a) Informant: F. B. Nicholas
(b) Address: Marshall, Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: June 7, 1947 (Month) (Day) (Year)
(c) Place: burial or cremation: Ridge Park cemetery
18. (a) Signature of funeral director: Campbell-Lewis
(b) Address: Marshall, Mo.
19. (a) June 9-1947 (Date received local registrar) (b) Sidney T. Gray (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 5 year 1947 hour 10 minute 50 P M.
21. I hereby certify that I attended the deceased from May 22, 1947, to June 5, 1947; that I last saw her alive on June 5, 1947; and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Arterio sclerotic heart disease	
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy	

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? (Specify type of place)
While at work? (e) Means of injury:
23. Signature: F. Nicholas M.D. (M. D. or other)
Address: Marshall, Mo. Date signed 6-7-47

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 8,

District File Number .....

Date Filed 6-18-47

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 R. W. Campbell Jr.

Licensed Embalmer No. 5469

P. O. Address Marshall 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.