S. No. 2
1—5-43
5-17-39
X36671

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED MAY 25 1948

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 17263

Registration District No. 297 Primary Registration District No. 3057 Registrar's No. 42

1. PLACE OF DEATH:
(a) County Ray
(b) City or town Richmond
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 202 West Buchanan St. 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether years, months or days)
In this community 7 years

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Ray 89
(c) City or town Richmond 1
(If outside city or town limits, write "RURAL")
(d) Street No. 202 West Buchanan 1
(If rural, give location)
(e) Citizen of foreign country? no. (Yes or No) 0
If yes, name country

3. (a) PRINT FULL NAME THEODORE WILLIAM NICHOLAS
3. (b) If veteran, name war
3. (c) Social Security No.
4. Sex M
5. Color or race C
6. (a) Single, widowed, married, divorced M
6. (b) Name of husband or wife Helen Nicholas
6. (c) Age of husband or wife if alive 42 years
7. Birth date of deceased December (Month) 7 (Day) 1907 (Year)

8. AGE: Years	Months	Days	If less than one day
40	5	13	hr. min.

9. Birthplace Carroll County (City, town, or county) mo. 0 (State or foreign country)
10. Usual occupation Labor
11. Industry or business
FATHER 12. Name Robert Nicholas
FATHER 13. Birthplace Carroll County (City, town, or county) mo. 0 (State or foreign country)
MOTHER 14. Maiden name Mary Martin
MOTHER 15. Birthplace Carroll County (City, town, or county) mo 0 (State or foreign country)
16. (a) Informant Mabel Edgar
(b) Address Richmond, mo
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof May 22 1948 (Month) (Day) (Year)
(c) Place: burial or cremation Richmond, mo.
18. (a) Signature of funeral director Thomas J. Carter
(b) Address Richmond Missouri
19. (a) May 22 - 1948 (Date received local registrar) (b) Mabel Jackson (Registrar's signature) L.R.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 20 year 1948 hour 11 minute 0 A.M.
21. I hereby certify that I attended the deceased from ....., 19..., to ....., 19...; that I last saw h... alive on ....., 19...; and that death occurred on the date and hour stated above.

Immediate cause of death Chronic Myocarditis with complications — Duration
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 John F. Baker Coroner (M. D. or other)
Address Richmond Mo Date signed 5-22-48

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 8,

District File Number.....

Date Filed 5-24-48

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 Thomas G. Carter

Licensed Embalmer No. 4474

P. O. Address Richmond, 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.