

No. 2  
8-43  
5-17-39  
X37823

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS  
FILED MAY 20 1948

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

18369  
State File No. \_\_\_\_\_  
Registrar's No. 98

Registration District No. 324

Primary Registration District No. 6093

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:  
Mo State School  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 10 yrs - 2da  
(Specify whether  
In this community \_\_\_\_\_  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:  
(a) State Missouri (b) County Greene 39  
(c) City or town Springfield Mo 2  
(If outside city or town limits, write "RURAL") 6  
(d) Street No. \_\_\_\_\_  
(If rural, give location)  
(e) Citizen of foreign country? no (Yes or No) 1  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME Virgil Earl Nicholson  
3. (b) If veteran, name war \_\_\_\_\_  
3. (c) Social Security No. \_\_\_\_\_

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month 5 day 7  
year 1948 hour 9:35 minute A M.  
21. I hereby certify that I attended the deceased from  
4-20 1948 to 5-7 1948;  
that I last saw him alive on 5-7 1948  
and that death occurred on the date and hour stated above.  
Immediate cause of death \_\_\_\_\_

4. Sex MO 5. Color or race W  
6. (a) Single, widowed, married, divorced Single  
6. (c) Age of husband or wife if alive \_\_\_\_\_ years

Duration  
Bronchial Asthma  
Due to \_\_\_\_\_  
Due to \_\_\_\_\_  
Other conditions influenzial  
(Include pregnancy within 3 months of death)

7. Birth date of deceased: 6 (Month) 20 (Day) 31 (Year)  
8. AGE: Years Months Days If less than one day  
16 10 17 hr. min.

Major findings:  
Of operations \_\_\_\_\_  
Of autopsy 33B  
PHYSICIAN  
Underline the cause to which death should be charged statistically.

9. Birthplace Missouri (City, town, or county) (State or foreign country) 0  
10. Usual occupation None  
11. Industry or business None

MOTHER FATHER  
12. Name Louis Nicholson  
13. Birthplace Missouri (City, town, or county) (State or foreign country)  
14. Maiden name Harriet E. Rame  
15. Birthplace Missouri (City, town, or county) (State or foreign country)

16. (a) Informant Records Mo State School  
(b) Address Marshall Mo  
17. (a) burial (burial, cremation, or removal) (b) Date thereof 5/12/48  
(Month) (Day) (Year)  
(c) Place: burial or cremation Ridge Cemetery  
18. (a) Signature of funeral director R. G. Tolbert  
(b) Address Marshall Mo  
19. (a) 5-12-1948 (Date received local registrar) (b) R. G. Tolbert (Registrar's signature) 207

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) \_\_\_\_\_ of injury \_\_\_\_\_  
23. Signature R. G. Tolbert (M. D. or \_\_\_\_\_)  
Address Mo State School Marshall Date signed 5/7/48  
Mo

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

RECEIVED

District Health Officer No. 8,

District File Number \_\_\_\_\_

Date Filed 5-19-48

MAY 25 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 \_\_\_\_\_

Martin V. Newton \_\_\_\_\_, Registered Apprentice No. 51  
working under my personal supervision.

Signed Ruby Taylor \_\_\_\_\_

Licensed Embalmer No. 3237

P. O. Address Marshall M

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.