

FILED JUL 24 1947

Registration District No. 396

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 6131

Dr. Davis
26462
State File No.

Registrar's No.

1. PLACE OF DEATH:

(a) County Shannon
(b) City or town Montier
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: none
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 86 years
In this community 86 years
years, months or days (Specify whether)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Shannon 101
(c) City or town Montier 0
(If outside city or town limits, write "RURAL")
(d) Street No. 0
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No) 0
If yes, name country.

3. (a) PRINT FULL NAME David A. Nicholson

3. (b) If veteran, name war no 3. (c) Social Security No. No.

4. Sex M 0 5. Color or race W 6. (a) Single, widowed, married, divorced 9

6. (b) Name of husband or wife. 6. (c) Age of husband or wife if

7. Birth date of deceased Aug 16 1860
(Month) (Day) (Year)

8. AGE: Years 86 Months 9 Days 11 If less than one day
hr. min.

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

10. Usual occupation Farming

11. Industry or business.

12. Name John Nicholson

13. Birthplace Georgia
(City, town, or county) (State or foreign country)

14. Maiden name Martha Berry

15. Birthplace Georgia
(City, town, or county) (State or foreign country)

16. (a) Informant Johnnie-Nicholson

(b) Address Montier, Mo.

17. (a) Burial (b) Date thereof 5-28-47
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Corinth Cemetery

18. (a) Signature of funeral director Duncan Funeral Home
Mountain view, Mo

(b) Address Mountain view, Mo

19. (a) 7-11-47 (b) Miss Rose
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 27
year 1947 hour 5 minute 8 a. M.

21. I hereby certify that I attended the deceased from Jan 5 1947
1947, 1947 to May 5 1947
that I last saw him alive on April 15 1947
and that death occurred on the date and hour stated above.

Immediate cause of death Infirmities of age Duration

Due to

Due to

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

Major findings: Of operations 167 B

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?

While at work? (Specify type of place) (e) Means of injury 0

23. Signature R. D. Davis (M. D. or other)

Address Bush Tree Mo Date signed 7/10/47

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

MOTHER FATHER

RECEIVED

District Health Officer No. 5,

District File Number 747405

Date Filed 7-22-47

JUL 29 1947

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 Mt. 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.