

FILED AUG 21 1943 149

Registration District No. _____

Primary Registration District No. 1002

Registrar's No. 3502

1. PLACE OF DEATH:

(a) County Jackson
(b) City or town Kansas City
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Wheatley Provident Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether
In this community 3 8 Years years, months or days)

3. (a) PRINT FULL NAME Frank Nixon

3. (b) If veteran, name war None 3. (c) Social Security No. None

4. Sex Male 5. Color or race Negro 6. (a) Single, widowed, married, divorced Single

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

7. Birth date of deceased September 29, 1881
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
61 10 28 hr. _____ min.

9. Birthplace Tennessee
(City, town, or county) (State or foreign country)

10. Usual occupation Ice and Coal

11. Industry or business _____

MOTHER FATHER

12. Name Charles Nixon

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

14. Maiden name Nettie

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

16. (a) Informant Clara E. Patterson

(b) Address 2444 High St. Denver, Colo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 8/13/43
(Month) (Day) (Year)

(c) Place: burial or cremation Lincoln Cemetery

18. (a) Signature of funeral director Watkins Bros.

(b) Address 1729 Lydia Avenue

19. (a) 8-13-43 (b) D. E. Brown
(Date received local Registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson
(c) City or town Kansas City
(If outside city or town limits, write "RURAL")
(d) Street No. 1811 Belleview
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August 7 day Saturday
year 1943 hour 10:45 minute 0 P. M.

21. I hereby certify that I attended the deceased from 8-6-43
to 8-7-43

that I last saw him alive on 8-7- 1943
and that death occurred on the date and hour stated above.

Immediate cause of death Pneumonia
eston, Duration _____

Due to _____

Due to 1312

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

Major findings: _____
Of operations _____

Of autopsy Chronic nephritis.

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) (c) Means of injury

23. Signature D. E. Brown (Date) _____
Address 1631 40th St. Date signed _____

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

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

Jerome Manlove

Licensed Embalmer No. *3994*

P. O. Address

2503 Highland

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.