

FILED FEB 3 1949

State File No. \_\_\_\_\_

Registration District No. \_\_\_\_\_

Primary Registration District No. 1002

Registrar's No. 144

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:  
919 ARMOUR BLVD - WREN MOOR APT. No. 208  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_  
In this community 53 YEARS  
years, months or days (Specify whether)

2. USUAL RESIDENCE OF DECEASED:

(a) State. MISSOURI (b) County. JACKSON 48  
(c) City or town. KANSAS CITY 2  
(If outside city or town limits, write "RURAL")  
(d) Street No. 919 E. ARMOUR BLVD - WREN MOOR 5  
(If rural, give location)  
(e) Citizen of foreign country? No (Yes or No)  
If yes, name country. \_\_\_\_\_

3. (a) PRINT FULL NAME. MRS. ALMA NETTLETON PICKARD

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

4. Sex. FEMALE  
5. Color or race. WHITE  
6. (a) Single, widowed, married, divorced. WIDOWED  
6. (b) Name of husband or wife. MR. WILLIAM M. PICKARD  
6. (c) Age of husband or wife if alive. \_\_\_\_\_ years  
7. Birth date of deceased. JULY 12 1862  
(Month) (Day) (Year)

| 8. AGE: | Years | Months | Days | If less than one day |
|---------|-------|--------|------|----------------------|
|         | 81    | 5      | 21   | hr. min.             |

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

10. Usual occupation. NONE

11. Industry or business. AT HOME

MOTHER FATHER {  
12. Name. EDWIN S. NETTLETON  
13. Birthplace. MEDINA OHIO  
(City, town, or county) (State or foreign country)  
14. Maiden name. GROS VENEUR  
15. Birthplace. WILLIAMTOWN CONNECTICUT  
(City, town, or county) (State or foreign country)

16. (a) Informant. MRS. MARY M. BILLS  
(b) Address. 1227 Jefferson Street

17. (a) BURIAL (b) Date thereof. JAN. 11, 1944  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation. FOREST HILL CEM.

18. (a) Signature of funeral director. D. H. THURMOND, JR.

(b) Address. 1461 Brush Creek Blvd.

19. (a) Jan 11, 1944 (b) J. Brown  
(Data received from Registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month JANUARY day 9<sup>TH</sup>  
year 1944 hour 12 minute 10 P.M.

21. I hereby certify that I attended the deceased from Nov 1, 1943, to 1944.

that I last saw him live on Jan 9, 1944, and that death occurred on the date and hour stated above.

Immediate cause of death. Myocarditis 10 yrs

Due to. Arteriosclerosis 10 yrs

Due to. old age

Other conditions. 93h  
(Include pregnancy within 3 months of death)

Major findings: \_\_\_\_\_  
Of operations: \_\_\_\_\_

Of autopsy: \_\_\_\_\_

Duration

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 \_\_\_\_\_

23. Signature. M. C. ...  
Address. 2000 Baltimore St. No. 1044

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

2  
13  
39  
5697

**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.....

*Emile W. Calhoun*

Licensed Embalmer No..... *3506*

P. O. Address..... *K C 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.**