

FILED JUL 24 1944

Registrar's No. 2856

Registration District No. 149

Primary Registration District No. 1002

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

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: FAIRMOUNT HOSPITAL
(If not in hospital or institution, write street number or location) 0
(d) Length of stay: In hospital or institution 14 DAYS
(Specify whether
In this community 14 DAYS
years, months or days)

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. 1414 E. 27
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME

FRED NICELY

3. (b) If veteran, name war X

3. (c) Social Security No. none

4. Sex MALE 5. Color or race WHITE

6. (a) Single, widowed, married, divorced SD

6. (b) Name of husband or wife X

6. (c) Age of husband or wife if alive X years

7. Birth date of deceased JUNE 22 1944
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
14 hr. min.

9. Birthplace KANSAS CITY MO
(City, town, or county) (State or foreign country)

10. Usual occupation infant

11. Industry or business _____

12. Name WOODY WOODRIN

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

14. Maiden name MARGARETE NICELY

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

16. (a) Informant FAIRMOUNT HOSPITAL

(b) Address 1414 E 27 - K.C. - MO.

17. (a) Burial (b) Date thereof July 11 - 44
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Green Lawn

18. (a) Signature of funeral director A. O. Dackler

(b) Address 1412 E 13

19. (a) 7-10-44 (b) J. C. Brown
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 6
year 1944 hour 2:30 minute 9 A. M.

21. I hereby certify that I attended the deceased from JUNE 22
1944, to JULY 5, 1944

that I last saw him alive on JULY 5, 1944
and that death occurred on the date and hour stated above.

Immediate cause of death ACUTE NEPHRITIS Duration _____

Due to 130

Due to _____

Other conditions T.W.I.N.
(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? _____

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

23. Signature Fred B. Nyger (M. D. or other) _____

Address 510 Poplar St. Date signed 7-7-44

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.....

Licensed Embalmer No.....

P. O. Address.....

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.