S. No. 2
DM—2-43
v. 5-17-39
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JAN 31 1946

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 1643

Registration District No. 149

Primary Registration District No. 1002

Registrar's No. 212

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: General Hospital #2 0
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 3 hrs. (Specify whether
In this community 20 Years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson 48

(c) City or town Kansas City 3
(If outside city or town limits, write "RURAL")

(d) Street No. 622 Charlotte 8
(If rural, give location)

(e) Citizen of foreign country? No 0 (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME Eddie Nichols

3. (b) If veteran, name war no

3. (c) Social Security No. ~~none~~ 496-16-2938

4. Sex Male 2

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 dont know (Month) (Day) 1895 (Year)

8. AGE: Years 51 | Months | Days | If less than one day hr. min.

9. Birthplace Washington D.C. (City, town, or county) (State or foreign country)

10. Usual occupation Labor

11. Industry or business

FATHER
12. Name Unknown
13. Birthplace Unknown (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Unknown
15. Birthplace Unknown (City, town, or county) (State or foreign country)

16. (a) Informant Medical Records Librarian
(b) Address General Hospital #2

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 1 (Month) 16 (Day) 46 (Year)
(c) Place: burial or cremation Lincoln Cem

18. (a) Signature of funeral director H B Moore
(b) Address 1820 E 18 st

19. (a) 1-14-46 (Date received local registrar) (b) Geraldine Holmes (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 11, year 1946 hour 11: minute 20 A. M.

21. I hereby certify that I attended the deceased from January 11, 1946, to January 11, 1946; that I last saw him alive on January 11, 1946; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Cerebro-vascular Hamorrhage	
Due to Hypertensive Heart Disease	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations 93d	
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? (Specify type of place)

While at work? (e) Means of injury

23. Signature G A Blower (M. D. or other)

Address General Hospital #2 Date signed 1/13/46

(Licensed Embalmer's Statement on Reverse Side)

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 H B Moore

Licensed Embalmer No. 2410

P. O. Address 1820 E 18 st

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.