

S. No. 2
M-2-43
5-17-39
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1644

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. _____
Registrar's No. 333

Registration District No. 142 Primary Registration District No. 1002

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

1162

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:
2013 Prospect
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
(Specify whether _____)
In this community 7 years
years, months or days)

3. (a) PRINT FULL NAME Lewis Nicholson
3. (b) If veteran, name war no.
3. (c) Social Security No. 429-07-0240

4. Sex Male 5. Color or race Negro
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Marceline Nicholson
6. (c) Age of husband or wife if alive 31 years
7. Birth date of deceased September - 30 - 1912
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
33 3 16 hr. min.

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

10. Usual occupation porter

11. Industry or business _____

MOTHER FATHER
12. Name George Nicholson
13. Birthplace Kemper Co. Miss.
(City, town, or county) (State or foreign country)
14. Maiden name Nonnie Schufl
15. Birthplace Louisville Miss.
(City, town, or county) (State or foreign country)

16. (a) Informant Marceline Nicholson
(b) Address 2013 Prospect, K.C. Mo.

17. (a) Burial (b) Date thereof 1/21/46
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Blue Ridge Lawn

18. (a) Signature of funeral director E. Steubing Hills
(b) Address 1212 Vine St., K.C. Mo.

19. (a) 1-21-46 (b) Sheldahl Holmes
(Date received by registrar) (Registrar's signature)

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. 2013 Prospect 8
(If rural, give location)
(e) Citizen of foreign country? NO 0
(Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Jan., day 16th, year 1946 hour _____ minute 54 A.M.

21. I hereby certify that I attended the deceased from Jan. 10, 1946 to Jan. 16, 1946
that I last saw him alive on Jan. 16, 1946
and that death occurred on the date and hour stated above.

Immediate cause of death Lobar Pneumonia
Duration _____

Due to _____ ✓

Due to _____ ✓

Other conditions _____
(Include pregnancy within 3 months of death) 108

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 _____

23. Signature L.W. Booker (M. D. or other) _____
Address 2028 Wade St. Date signed 1/19/46

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 *E. Steubing Bills*
Licensed Embalmer No. 3178

P. O. Address 1212 Vine, 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.