S. No. 2
0M—2-43
v. 5-17-39
1 X35597

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

5005

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

FILED MAR 10 1946

Nickson V

State File No. 6016

Registration District No. 146 Primary Registration District No. 5-5-68 Registrar's No. 57

1. PLACE OF DEATH:

(a) County Jackson

(b) City or town Rural Blue (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 11532 East 19th Street / (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether In this community 44 years years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson 48

(c) City or town Independence Rural 0 (If outside city or town limits, write "RURAL")

(d) Street No. 11532 E 19th St 0 (If rural, give location) 0

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

If yes, name country

3. (a) PRINT FULL NAME CORA ELLEN BURNETT

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 S.D.Burnett

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

7. Birth date of deceased October (Month) 17 (Day) 1866 (Year)

8. AGE: Years 79 Months 3 Days 22 If less than one day hr. min.

9. Birthplace Andrew County (City, town, or county) Missouri (State or foreign country) U

10. Usual occupation Housewife

11. Industry or business

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

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

16. (a) Informant Evelyn Phelps

(b) Address 11532 E 19th St

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 2-12-1946 (Month) (Day) (Year)

(c) Place: burial or cremation Woodlawn Cemetery

18. (a) Signature of funeral director Geo.C.Carson Funeral Home

(b) Address Independence Missouri

19. (a) 2-11-46 (Date received local registrar) (b) James W Ross (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. day 9 year 1946 hour 11 minute ooP. M.

21. I hereby certify that I attended the deceased from / , 19 , to , 19 ; that I last saw her alive on Feb 9 , 1946 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Hypertensive Cardio-vasc. disease	not known
auricular fibrillation	/
~~Due to~~ Cardiac hypertrophy	
3rd degree decompensation	1 week
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations
Of autopsy 131a

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 Chas E Nickson Jr M.D. (M.D. or other) U

Address Independence Mo Date signed 2/11/46

(Licensed Embalmer's Statement on Reverse Side)

JUL 22 1946

MAR 19 1946

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 George C. Carson

Licensed Embalmer No. 2245

P. O. Address Indep. 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.