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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

FILED APR 10 1946

State File No. 9594

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 1471

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

8520

1. PLACE OF DEATH: Jackson
(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 Wheatley Hospital 3 hrs
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution Three Hours (Specify whether
In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Jackson 41
(c) City or town Kansas City 2
(If outside city or town limits, write "RURAL")
(d) Street No. 2123 Montgall Ave 8
(Rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Infant Nicholson
3. (b) If veteran, name war no
3. (c) Social Security No. none
4. Sex Male 2
5. Color or race Col
6. (a) Single, divorced, married, divorced Single
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years March, 19-1946
7. Birth date of deceased (Month) (Day) (Year)
8. AGE: Years Months Days 3 If less than one day hr. min.
9. Birthplace Kansas City (City, town, or county) Mo. (State or foreign country)
10. Usual occupation infant
11. Industry or business Al Nicholson
FATHER
12. Name Dumas Oklahoma
13. Birthplace Barbora Gregory (City, town, or county) (State or foreign country)
MOTHER
14. Maiden name Kansas City Mo.
15. Birthplace Barbora Gregory (City, town, or county) nicholson (State or foreign country)
16. (a) Informant 2123 Montgall Ave
(b) Address
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 3-25-46 (Month) (Day) (Year)
(c) Place: burial or cremation Lincoln Cemetery
18. (a) Signature of funeral director Nist Appleton-Jones City
(b) Address
19. (a) 3-22-46 (Date received local registrar) (b) Geraldine Holmes (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Mar day 19 year 1946 hour 1:15 minute P. M.
21. I hereby certify that I attended the deceased from 3-19, 1946, to 3-19, 1946 that I last saw him alive on 3-19, 1946 and that death occurred on the date and hour stated above.

Immediate cause of death | Duration
Due to Atelectasis
Due to Premature birth died 3hr after birth
Other conditions (Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy 159

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 L V Miller (M. D. or other)
Address K C Mo Date signed 3/23/46

(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.....

Licensed Embalmer No. 2710

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.