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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUN 25 1946

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 20429

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 2626

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

1. PLACE OF DEATH:

(a) County Jackson

(b) City or town Kansas City, Mo.
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
Wheatley Provident Hospital 0
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 14 Days (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. 2123 Montgall Ave. 8
(If rural, give location)

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

If yes, name country

3. (a) PRINT FULL NAME Barbara Etta ~~Gregory~~ Nicholson

3. (b) If veteran, name war no

3. (c) Social Security No. 492-26-2245

4. Sex Female 3

5. Color or race Negro

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

6. (b) Name of husband or wife Al Nicholson

6. (c) Age of husband or wife if alive 19 years

7. Birth date of deceased April, 31926 (Month) (Day) (Year)

8. AGE: Years 20 Months 2 Days 10 If less than one day hr. min.

9. Birthplace Kansas City (City, town, or county) Missouri (State or foreign country)

10. Usual occupation School Girl

11. Industry or business

FATHER
12. Name Fred D. Gregory
13. Birthplace Holly Springs (City, town, or county) Miss. (State or foreign country)

MOTHER
14. Maiden name Flother Nance
15. Birthplace Searcy (City, town, or county) Ark. (State or foreign country)

16. (a) Informant Fred D. Gregory
(b) Address 2123 Montgall Ave.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 6-15-46 (Month) (Day) (Year)
(c) Place: burial or cremation Lincoln Cem.

18. (a) Signature of funeral director West Appleton-Jones City
(b) Address

19. (a) 6-14-46 (Date received local registrar) (b) Geraldine Holmes (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 13
year 1946 hour 6 minute 9 M.

21. I hereby certify that I attended the deceased from May 30, 1946, 19 to June 13, 1946
that I last saw her alive on June 13, 1946
and that death occurred on the date and hour stated above.

Immediate cause of death
(1) Subacute Bacterial Endocarditis
(2) Acute Glomerulo-Nephritis
Due to
(3) Septicemia (spontaneous abortion app. 3 mo. ago.) gestation unk.
Due to

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations 14 Ob
Of autopsy

Duration

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 Royall B. Fleming (M. D. or other) 0
Address 1830 Vine St K.C. Mo. Date signed 6/19/46

(Licensed Embalmer's Statement on Reverse Side)

Barbara Ellis Jones

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 C. H. West

Licensed Embalmer No. 27-0

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.