

S. No. 300
M-10-47
5-17-39
I 3908

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

12802
State File No. 12802
Registrar's No. 1940

FILED MAY 15 1948
Registration District No. 749

Primary Registration District No. 1002

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

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:
Receiving Ward--General Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community since 1911 years, months or days

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Jackson
(c) City or town Kansas City
(If outside city or town limits, write "RURAL")
(d) Street No. 637 Benton Blvd
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Raymond Jamee Nick (Ray)
3. (b) If veteran, name war No
3. (c) Social Security No. 500-14-9469

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month 2nd day May
year 1948 hour 1:05 minute a M.

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Corrine Nick 6. (c) Age of husband or wife if alive 57 years

21. I hereby certify that I attended the deceased from born 19____ to _____ 19____;
that I last saw him _____ alive on _____ 19____;
and that death occurred on the date and hour stated above.

7. Birth date of deceased: Dec 19 1891
(Month) (Day) (Year)

Immediate cause of death Gun shot wound of abdomen
Due to _____
Due to _____

8. AGE: Years Months Days If less than one day
56 4 13 hr. _____ min.

Other conditions (Include pregnancy within 3 months of death) Note
Major findings: Of operations _____
Of autopsy no
Widley F. Jurgensen
22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) Homicide
(b) Date of occurrence 5-2-48
(c) Where did injury occur? no Jackson (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? Public place (Specify type of place) (M. D. or other)

9. Birthplace Tiffin Ohio
(City, town, or county) (State or foreign country)
10. Usual occupation Tavern Owner

11. Industry or business _____
12. Name Nicholas Nick
13. Birthplace Germany
(City, town, or county) (State or foreign country)
14. Maiden name Arendt
15. Birthplace Ohio
(City, town, or county) (State or foreign country)

PHYSICIAN
Underline the cause to which death should be charged statistically.

16. (a) Informant Mrs. Corrine Nick
(b) Address 637 Benton Blvd
17. (a) Burial (b) Date thereof 5/5/48
(Burial, cremation, or removal) (Month) (Day) (Year)

While at work? no (Specify type of place) (c) Means of injury 7:12 shot gun
23. Signature J. M. Holmes (M. D. or other)
Address 1444 1st St Date signed 5-3-48

(c) Place: burial or cremation Galvary Cemetery
18. (a) Signature of funeral director J. M. Holmes
(b) Address 20 West Linwood
19. (a) 5-5-48 (b) Straldine Holmes
(Date received local registrar) (Registrar's signature)

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 Howard W. Farmer

Licensed Embalmer No. 4134

P. O. Address Kansas City, 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.