

FILED MAR 30 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 7745

BIRTH NO. _____ REG. DIST. NO. 72 PRIMARY REG. DIST. NO. 3013 Registrar's No. 46

24
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH a. COUNTY <i>Clay</i>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <i>Missouri</i> b. COUNTY <i>Clay</i>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <i>NORTH KANSAS CITY 2011 Erie</i>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <i>North Kansas City</i>	
d. FULL NAME OF HOSPITAL OR INSTITUTION		d. STREET ADDRESS (If rural, give location) <i>2011 Erie</i>	
3. NAME OF DECEASED (Type or Print) a. (First) <i>MARGARET FANE</i>		b. (Middle) <i>Nicholson</i>	
c. (Last) <i>Nicholson</i>		4. DATE OF DEATH (Month) (Day) (Year) <i>3 19 49</i>	
5. SEX <i>Female</i>		6. COLOR OR RACE <i>White</i>	
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <i>Widowed</i>		8. DATE OF BIRTH <i>12/26 1864</i>	
9. AGE (In years last birthday) <i>84</i>		10. MONTHS (Days) (Hours) (Min.) <i>2 29</i>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>House wife</i>		10b. KIND OF BUSINESS OR INDUSTRY <i>House wife</i>	
11. BIRTHPLACE (State or foreign country) <i>Ross Co. Ohio</i>		12. CITIZEN OF WHAT COUNTRY? <i>U.S.</i>	
13a. FATHER'S NAME <i>Miss F. Thompson</i>		13b. MOTHER'S MAIDEN NAME <i>Margaret M. Washburn</i>	
14. NAME OF HUSBAND OR WIFE <i>James B. Nicholson</i>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <i>NO</i>	
16. (SOCIAL SECURITY NO.) <i>200</i>		17. INFORMANT'S SIGNATURE OR NAME (Address) <i>Miso Dot Nicholson 2011 Erie, Mo.</i>	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.</i>		MEDICAL CERTIFICATION	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <i>Terminal Pneumonia</i>		INTERVAL BETWEEN ONSET AND DEATH <i>72 hours</i>	
ANTECEDENT CAUSES DUE TO (b) <i>Auricular Fibrillation</i>		<i>1 month</i>	
DUE TO (c) <i>Senility</i>			
II. OTHER SIGNIFICANT CONDITIONS <i>Senility</i>			
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <i>4311</i>	
20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>			
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <i>Sept</i> , 1948, to <i>Mar 19</i> , 1949, that I last saw the deceased alive on <i>Mar 19</i> , 1949, and that death occurred at _____ m., from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <i>J. S. McFarland M.D.</i>		23b. ADDRESS <i>2025 Sumpt No. KC Mo</i>	
23c. DATE SIGNED <i>3/21/49</i>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>		24b. DATE <i>3/21/49</i>	
24c. NAME OF CEMETERY OR CREMATORY <i>W.T. Clifton</i>		24d. LOCATION (City, town, or county) (State) <i>Leavenworth Mo</i>	
DATE REC'D BY LOCAL REG. <i>March 21-49</i>		REGISTRAR'S SIGNATURE <i>Beulah Kitchener</i>	
25. FUNERAL DIRECTOR'S SIGNATURE <i>Leonard Jay</i>		ADDRESS <i>Kearney Mo</i>	

RECEIVED

District Health Officer No. 8.

District File Number.....

Date Filed 3-29-49

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.....

Student Embalmer No.

working under my personal supervision.

Student
Student Embalmer

Signed Leonard Fry

Licensed Embalmer No. 1677

P. O. Address Kearney 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.