

FILED APR 14 1951

THE DIVISION OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. 8704

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. 1342

1. PLACE OF DEATH a. COUNTY JACKSON b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN KANSAS CITY c. LENGTH OF STAY (In this place) 26 yrs. d. FULL NAME OF HOSPITAL OR INSTITUTION GENERAL HOSPITAL #2		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE MISSOURI b. COUNTY JACKSON c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN KANSAS CITY d. STREET ADDRESS (If rural, give location) 1315 Park Avenue	
--	--	---	--

3. NAME OF DECEASED (Type or Print) a. (First) JANIE b. (Middle) NICHOLSON c. (Last) NICHOLSON			4. DATE OF DEATH (Month) (Day) (Year) MARCH 25 1951		
--	--	--	--	--	--

5. SEX FEMALE 3		6. COLOR OR RACE NEGRO		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) WIDOWED 2		8. DATE OF BIRTH JUNE 7 1892		9. AGE (In years last birthday) 58		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) AT HOME		11. BIRTHPLACE (State or foreign country) SELMA, ALABAMA		12. CITIZEN OF WHAT COUNTRY? U. S.	
-----------------	--	------------------------	--	--	--	------------------------------	--	------------------------------------	--	--	--	--	--	------------------------------------	--

13a. FATHER'S NAME Hyena Grier			13b. MOTHER'S MAIDEN NAME MARGARET Batha			14. NAME OF HUSBAND OR WIFE Floyd Nicholson		
--------------------------------	--	--	--	--	--	---	--	--

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. No		17. INFORMANT'S SIGNATURE OR NAME ELNORA ELEBY		ADDRESS 1315 Park	
---	--	----------------------------	--	--	--	-------------------	--

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) INFARCTION OF MYOCARDIUM ANTECEDENT CAUSES Marbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) ARTERIOSCLEROTIC CORONARY THROMBOSIS DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.						INTERVAL BETWEEN ONSET AND DEATH  42d	
---	--	---	--	--	--	--	--	---	--

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION						20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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 3-22, 19 51, to 3-25, 19 51, that I last saw the deceased alive on 3-25, 19 51 and that death occurred at 5:55 a. m., from the causes and on the date stated above.

23a. SIGNATURE B. Frank Ellis (Degree or title)		23b. ADDRESS 600 East 22nd Street		23c. DATE SIGNED 3-27-51	
---	--	-----------------------------------	--	--------------------------	--

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 3/28/51		24c. NAME OF CEMETERY OR CREMATORY Westlawn Cemetery		24d. LOCATION (City, town, or county) (State) Kansas City, Kansas	
--	--	-------------------	--	--	--	---	--

DATE REC'D BY LOCAL REG. 3-28-51		REGISTRAR'S SIGNATURE Geraldine Holmes		25. FUNERAL DIRECTOR'S SIGNATURE		ADDRESS 1739 Lydia	
----------------------------------	--	--	--	----------------------------------	--	--------------------	--

(Licensed Embalmer's Statement on Reverse Side)

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

**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.....

.....  
working under my personal supervision.

Student Embalmer No. ....

Signed *Bruce F. Watkins*

Signed.....

Student Embalmer

Licensed Embalmer No. *4500*

P. O. Address *1729 Lydia*

**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.