

FILED MAR 19 1953

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

10011

State File No.

1183

BIRTH NO. _____		REG. DIST. NO. <u>149</u>		PRIMARY REG. DIST. NO. <u>1002</u>		Registrar's No. <u>1183</u>					
1. PLACE OF DEATH a. COUNTY <u>Jackson</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Jackson</u>							
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Kansas City</u>		c. LENGTH OF STAY (in this place) <u>About 11 yrs</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Kansas City</u>		d. STREET ADDRESS (If rural, give location) <u>2015 Prospect</u>					
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Wheatley Provident Hosp.</u>				3358							
3. NAME OF DECEASED (Type or Print) <u>GEORGE</u>			a. (First)		b. (Middle)		c. (Last) <u>NICHOLSON</u>				
4. DATE OF DEATH <u>Feb. 21, 1953</u>		5. SEX <u>Male</u>		6. COLOR OR RACE <u>Negro</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>		8. DATE OF BIRTH <u>March 26, 1887</u>			
9. AGE (In years last birthday) <u>65</u>		IF UNDER 1 YEAR Months Days		IF UNDER 24 HRS. Hours Min.		11. BIRTHPLACE (City and State or Foreign Country) <u>Louisville, Miss.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u>			10b. KIND OF BUSINESS OR INDUSTRY			13a. FATHER'S NAME <u>Henry Nicholson</u>			13b. MOTHER'S MAIDEN NAME <u>Sarah Coleman</u>		
13c. NAME OF HUSBAND OR WIFE <u>Nellie Nicholson</u>			14. NAME OF HUSBAND OR WIFE			15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>			16. SOCIAL SECURITY NO. <u>None</u>		
17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Nellie Nicholson - 2015 Prospect</u>			ADDRESS			18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)			MEDICAL CERTIFICATION		
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral Hemorrhage</u>			INTERVAL BETWEEN ONSET AND DEATH			*This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.			II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		
19a. DATE OF OPERATION <u>none</u>			19b. MAJOR FINDINGS OF OPERATION <u>none</u>			20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>none</u>		
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>none</u>			21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>none</u>			21d. TIME OF INJURY (Month) (Day) (Year), (Hour) <u>none</u>			21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		
21f. HOW DID INJURY OCCUR? <u>none</u>			22. I hereby certify that I attended the deceased from <u>2-17-1953</u> , to <u>2-21-1953</u> , that I last saw the deceased alive on <u>2-21-1953</u> , and that death occurred at <u>1:50 P.M.</u> , from the causes and on the date stated above.			23a. SIGNATURE: <u>George H. Taft</u> (Degree or title) <u>MD</u>			23b. ADDRESS <u>2204 E. 18th St.</u>		
23c. DATE SIGNED <u>2-25-1953</u>			24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>			24b. DATE <u>2/26/1953</u>			24c. NAME OF CEMETERY OR CREMATORY <u>Blue Ridge Lawn Cemetery</u>		
24d. LOCATION (City, town, or county) (State) <u>Kansas City, Mo.</u>			25. FUNERAL DIRECTOR'S SIGNATURE <u>E. Sterling Bills</u>			ADDRESS <u>1212 Vine</u>			DATE REC'D BY LOCAL REG. <u>2-26-53</u>		
REGISTRAR'S SIGNATURE <u>Geraldine Smith</u>			25. FUNERAL DIRECTOR'S SIGNATURE <u>E. Sterling Bills</u>			ADDRESS <u>1212 Vine</u>			DATE REC'D BY LOCAL REG. <u>2-26-53</u>		

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 _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signature *E. Sterling Bills*

Licensed Embalmer No. 3178

P. O. Address 1212 Vine St., Kansas Cit

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.