

REC'D APR 23 1938

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

9925
Do not use this space.

1. PLACE OF DEATH

(a) County Jackson Registration District No. 399
 (b) Township Kaw Primary Registration District No. 1002
 (c) City Kansas City, Mo. (d) Street No. 1501 East 9th St. St.
 (If death occurred in Hospital or Institution, write its name instead of street and number)
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

Registered No. 13902. PRINT FULL NAME Mrs. Eliza Jane Nichols 242

(a) Residence, No. 1501 East 9th St. St.
 (Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX F 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Noah N. Nichols

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct. 5, 1860

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
77 5 24

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. At Home
 9. Industry or business in which work was done, as saw mill, bank, etc.
 10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Pa13. NAME David Potts14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) England15. MAIDEN NAME Elizabeth Clayton,16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) England17. INFORMANT Mrs. Cleo Claxton,
(ADDRESS) 1501 E 9th St. K.C. Mo.18. BURIAL, CREMATION, OR REMOVAL
PLACE Memorial Park DATE Mar. 31-38 '1919. FUNERAL DIRECTOR C. H. Blackman & Son, Inc.
(ADDRESS) 2825 Indep. Blvd. K.C. Mo.20. FILED March 31, 1938 M. M. Grove
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Mar. 29-38 '19

I HEREBY CERTIFY That I attended deceased from Jan 23, 1938, to March 28, 1938
 I last saw her alive on March 28, 1938 Death is said to have occurred on the date stated above, at 8:30 m. AM
 The principal cause of death and related causes of importance were as follows:

Acute dilatation of heart
Ja
 Other contributory causes of importance:
Cerebral hemorrhage
Arterio sclerosis
 Date of onset 2 mo several years

Name of operation None Date of no
 What test confirmed diagnosis? Chemo Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? Date of injury 19.....
 Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.
 Manner of injury
 Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
 If so, specify. no
 (Signed) H. Camesey Rudersdorf
 (Address) 6520 Indep. Ave.

STATEMENT BY LICENSED EMBALMER

I,, Licensed Embalmer No.....

hereby certify that the body recorded on the reverse side of this certificate was embalmed by.....

..... L. E.

No..... or by....., Registered Apprentice No.....

working under my personal supervision.

Signed.....

Licensed Embalmer No.....

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.)