

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

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

Registration District No. 399 Primary Registration District No. 1002

1. PLACE OF DEATH:
(a) County Jackson
(b) City or town Kansas City Mo.
(c) Name of hospital or institution: 1846 Jarboe
(d) Length of stay: In hospital or institution 8 Yrs.
In this community 8 Yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Jackson
(c) City or town Kansas City Mo.
(d) Street No. 1846 Jarboe
(e) If foreign born, how long in U. S. A. _____ years.

3. (a) PRINT FULL NAME Amie NICKOLSON. 242
8. (b) If veteran, name war No 8. (c) Social Security No. No

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month About 10 day 25 year 39 minute _____ M.

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Single
8. (b) Name of husband or wife _____ 8. (c) Age of husband or wife if alive _____ years

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

7. Birth date of deceased Jan. 26th 1915
8. AGE: Years 24 Months 9 Days 5 If less than one day _____ hr. _____ min.

Immediate cause of death Death by Drowning
Due to _____
Due to _____

9. Birthplace Kansas
10. Usual occupation At Home

Other conditions (Include pregnancy within 3 months of death) _____
Major findings: Of operations _____
Of autopsy _____

MOTHER FATHER
11. Industry or business _____
12. Name Audie Nickolson.
13. Birthplace Missouri
14. Maiden name Dollie Loy
15. Birthplace Kansas

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) Suicide
(b) Date of occurrence about 10-25-39
(c) Where did injury occur? KCMO
(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

16. (a) Informant's own signature Dollie Nickolson
(b) Address 1846 Jarboe (Mother)
17. (a) Burial (b) Date thereof 11/2/39
(c) Place: burial or cremation Elmwood
18. (a) Signature of funeral director Melody-McGilley.
(b) Address K. C. Mo.
19. (a) 11-2-39 (b) M. M. Crowe

While at work? _____
23. Signature Melody McGilley (M. D. or other) _____
Address _____ Date signed _____

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 _____

Licensed Embalmer No. _____

P. O. Address _____

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, above space should be left blank.