

FILED SEP 16 1942

Registration District No. 749

Primary Registration District No. 1002

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

1. PLACE OF DEATH:

(a) County Jackson
(b) City or town Kansas City
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution St. Joseph Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital of 24 Days
In this community 10 Years
(Specify whether years, months or days)

3. (a) PRINT FULL NAME Mrs. Myrtle Mae Nicholas

3. (b) If veteran, name war No 3. (c) Social Security No. None

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Mr. Benjamin H. Nicholas 6. (c) Age of husband or wife if alive 57 years

7. Birth date of deceased May 25 1885
(Month) (Day) (Year)

8. AGE: Years 57 Months 3 Days 18 If less than one day hr. min.

9. Birthplace Fayetteville Arkansas
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business ----

12. Name David M. Webb

13. Birthplace Bristol Tennessee
(City, town, or county) (State or foreign country)

14. Maiden name Auelaine Morrow

15. Birthplace Bristol Tennessee
(City, town, or county) (State or foreign country)

16. (a) Informant Benjamin H. Nicholas
(b) Address 715 E. 62

17. (a) Burial (b) Date thereof 9-11-42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Mt. Moriah

18. (a) Signature of funeral director D. H. Newcomer's Sons
(b) Address 1401 Brush Creek Blvd.

19. (a) 9-11-42 (b) M. M. Crowe
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson
(c) City or town Kansas City
(If outside city or town limits, write "RURAL")
(d) Street No. 715 East 62nd Street
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country. ----

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept. day 9th
year 1942 hour 9 minute 50 A. M.

21. I hereby certify that I attended the deceased from Aug. 10th
1942, to Sept. 9th 1942,
that I last saw her alive on Sept. 9th 1942,
and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma of Left Ovary & Abdominal Metastases. Duration 30 da.

Due to 49a

Other conditions ----
(Include pregnancy within 3 months of death)

Major findings: Carcinoma of Left Ovary & Abdominal Metastases. Underline the cause to which death should be charged statistically.
Of autopsy ----

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) ----
(b) Date of occurrence ----
(c) Where did injury occur? (City or town) (County) (State) ----
(d) Did injury occur in or about home, on farm, in industrial place, in public place? ----

While at work? (Specify type of place) (c) Means of injury ----

23. Signature James D. Smith (M. D. or other) 9/10/42
Address 318 Prof. Bldg. KCHO Date signed

11-3
Professional Bldg.

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 Emile M. Colburn
Licensed Embalmer No. 3506
P. O. Address F. C. 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.