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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED NOV 9 1942

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 32902

Registration District No. 149 — Primary Registration District No. 1002 — Registrar's No. 4019

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: 3421 Lexington, /
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution x (Specify whether
In this community Since 1903.
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson, 48
(c) City or town Kansas City, 3
(If outside city or town limits, write "RURAL") 8
(d) Street No. 3421 Lexington,
(If rural, give location)
(e) Citizen of foreign country? no. (Yes or No)
If yes, name country x /

3. (a) PRINT FULL NAME Mrs. Harriet Jane Page

3. (b) If veteran, name war No.
3. (c) Social Security No. No.

4. Sex Female
5. Color or race White /
6. (a) Single, widowed, married, divorced Married /
6. (b) Name of husband or wife Justin Page
6. (c) Age of husband or wife if alive unk. years
7. Birth date of deceased November (Month) 3 (Day) 1855 (Year)

8. AGE: Years	Months	Days	If less than one day
86	11	27	hr. min.

9. Birthplace Illinois, (City, town, or county) / (State or foreign country)
10. Usual occupation at home,
11. Industry or business x
FATHER
12. Name Rueben Nichols.
13. Birthplace (City, town, or county) N.Y. / (State or foreign country)
MOTHER
14. Maiden name Jane Fox
15. Birthplace (City, town, or county) N.Y. / (State or foreign country)
16. (a) Informant Walter Page,
(b) Address 1190 E. 77th Ter., Kansas City, Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 10-31-42 (Month) (Day) (Year)
(c) Place: burial or cremation Mt. Washington
18. (a) Signature of funeral director Stine & McClure,
(b) Address 3235 Gillham Plaza, K. C., Mo.
19. (a) 10-30-42 (Date received local registrar) (b) M. M. Crowe (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 30th
year 1942 hour 5:50 minute A. M.

21. I hereby certify that I attended the deceased from Sept. 1, 1942 to Oct. 30, 1942
that I last saw her alive on Oct 29, 1942
and that death occurred on the date and hour stated above.

Immediate cause of death Myocardial degeneration — Duration unknown
Due to Arterio Sclerosis with hypertension — Several years
Due to Senility
Other conditions Fractured left femur — 5 weeks
(Include pregnancy within 3 months of death)
1860

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) Acc. 123
(b) Date of occurrence about 5 wks before death
(c) Where did injury occur? K. C. (City or town) Jackson (County) Mo (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? Home (Specify type of place)
While at work? (e) Means of injury Fall

23. Signature Herbert Tuthill (M. D. [redacted])
Address 1211 Rialto Bldg Date signed Oct. 30, 1942

(Licensed Embalmer's Statement on Reverse Side)

Dr. Tuthill,

Bulletin Body 2-30

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 [signature]

Licensed Embalmer No. 1415

P. O. Address 17, P. 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.