

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

Registration District No. 154

Primary Registration District No. 5575

Registrar's No. 9

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

48
00

1. PLACE OF DEATH:

(a) County Jackson

(b) City or town Kansas City Washingtonburg
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
7935 Jarboe
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution.....
In this community 13 Years (Specify whether years, months or days)

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. 7935 Jarboe
(If rural, give location)

(e) Citizen of foreign country? NO (Yes or No)
If yes, name country..... D

3. (a) PRINT FULL NAME Mrs. Rhoda Elenore Nicholson

3. (b) If veteran, name war None

3. (c) Social Security No. None

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 17
year 1943 hour 9 minute 15A. M.

21. I hereby certify that I attended the deceased from 8-19
1942 to 1-13- 1943
that I last saw h. er alive on 1-13- 1943
and that death occurred on the date and hour stated above.

4. Sex Female

5. Color or race White

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife William A. Nicholson

6. (c) Age of husband or wife if alive 81 years

7. Birth date of deceased May 12 1861
(Month) (Day) (Year)

Immediate cause of death

hypertatic pneumonia
myocarditis
metastatic carcinoma ovary

Due to.....

Due to.....

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

8. AGE:	Years	Months	Days	If less than one day
	<u>81</u>	<u>8</u>	<u>5</u>hr.min.

9. Birthplace Edinberg Indiana
(City, town, or county) (State or foreign country)

10. Usual occupation None

11. Industry or business At Home

MOTHER FATHER {

12. Name Robert S. Wade

13. Birthplace Unknown West Virginia
(City, town, or county) (State or foreign country)

14. Maiden name Mary E. Deming

15. Birthplace Unknown Indiana
(City, town, or county) (State or foreign country)

16. (a) Informant Mr. William A. Nicholson

(b) Address 7935 Jarboe

17. (a) Burial
(Burial, cremation, or removal)

(b) Date thereof Jan. 20, 1943
(Month) (Day) (Year)

(c) Place: burial or cremation Mount Moriah Cemetery

18. (a) Signature of funeral director W. H. Thompson

(b) Address 1401 Brush Creek Blvd.

19. (a) 1/22/43 W. H. Thompson
(Date received local registrar) (Registrar's signature)

PHYSICIAN

Major findings:
Of operations..... 49a

Of autopsy.....

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).....

(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) (Means of injury)

23. Signature J. S. Montgomery (Physician)
Date signed.....

Dr. Annie S. West
(Licensed Embalmer's Statement on Reverse Side)

Dr. James H. Montgomery
1352 Prof. Bldg
1:30-4-Sub

70

11-8

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 Elmer Showers
Licensed Embalmer No. 2640
P. O. Address Kansas City 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.

64/1011