

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. \_\_\_\_\_

MAILED JUL 8 1948

Registration District No. 149

Primary Registration District No. 1002

Registrar's No. 2818

1. PLACE OF DEATH:

(a) County Jackson  
(b) City or town Kansas City  
(c) Name of hospital or institution K.C. General Hospital No. 10  
(d) Length of stay: In hospital or institution 23 days  
In this community 27 Years (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson  
(c) City or town Kansas City  
(d) Street No. 3700 Wyoming Street  
(e) Citizen of foreign country? No  
If yes, name country. ---

3. (a) PRINT FULL NAME

Hall  
Jane Nichols

3. (b) If veteran, name war No

3. (c) Social Security No. 486-01-0548

4. Sex Female 5. Color or race White

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

6. (b) Name of husband or wife ---

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

7. Birth date of deceased November 2 1915  
(Month) (Day) (Year)

8. AGE: Years 27 Months 7 Days 19  
If less than one day hr. min.

9. Birthplace Kansas City Missouri  
(City, town, or county) (State or foreign country)

10. Usual occupation Auditor

11. Industry or business Blue Valley Federal Savings &

12. Name Charles W. Nichols

13. Birthplace Endicott New York  
(City, town, or county) (State or foreign country)

14. Maiden name Bleva L. Hall

15. Birthplace Wheatland Iowa  
(City, town, or county) (State or foreign country)

16. (a) Informant Mr. Charles W. Nichols

(b) Address 3700 Wyoming Street

17. (a) Burial (b) Date thereof June 23, 1948  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial of Mt. Moriah Cemetery

18. (a) Signature of funeral director D. H. Hewcomer's Sons

(b) Address 1401 Brush Creek Blvd.

19. (a) 6-23-48 (b) D. E. Brown  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 21st  
year 1948 hour 5 minute 45 A. M.

21. I hereby certify that I attended the deceased from May 29 1948 to June 21 1948  
that I last saw her alive on June 21 1948  
and that death occurred on the date and hour stated above.

Immediate cause of death  
Post operative meningocele for previously operated cerebellar tumor, type undetermined

Due to 57d

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

Major findings:  
Of operations  
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?  
(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 Avery R. Thorne (M. D. or health)  
Address Med. Dir. K.C. General Hosp. Date signed 6/22/48

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

MOTHER, FATHER

361

JUL 8 - 1906

**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. Calhoun

Licensed Embalmer No. 3506

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.**