

FILED AUG 11 1943

Registration District No. 149

Primary Registration District No. 1002

State File No.

Registrar's No. 3332

3332

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: 1422 Central
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 27 Months Unknown (Specify whether years, months or days)

3. (a) PRINT FULL NAME Matilda-Nichols

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 widow

6. (b) Name of husband or wife Unknown

6. (c) Age of husband or wife if alive 1 1867 years (Month) (Day) (Year)

7. Birth date of deceased 1867 (Month) (Day) (Year)

8. AGE: Years 76 Months 3 Days 29 If less than one day hr. min.

9. Birthplace Ky / Unknown (City, town, or county) (State or foreign country)

10. Usual occupation Retired

MOTHER FATHER

11. Industry or business

12. Name James Watson

13. Birthplace 157 (City, town, or county) (State or foreign country)

14. Maiden name Mrs. Mary Johnson

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

16. (a) Informant Mrs. Suetrad Church

(b) Address 1422 Central

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Aug 20-43 (Month) (Day) (Year)

(c) Place: burial or cremation Green Lawn

18. (a) Signature of funeral director A. P. Doehler

(b) Address 1415 East 15

19. (a) 7-31-43 (Date received local registrar) (b) J. C. Brown (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. 1422 Central
(If rural, give location)

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 30 year 1943 hour 10 minute 30 A M.

21. I hereby certify that I attended the deceased from Deputy Coroner 19... that I last saw him alive on 19... and that death occurred on the date and hour stated above.

Immediate cause of death Empyema Gall Bladder

Due to Generalized Sepsis

Due to

Other conditions (Include pregnancy within 3 months of death) 12-7-41

Major findings: Of operations

Of autopsy See Above

Duration

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)

(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) (e) Means of injury

23. Signature W. E. Upsher (M. D. or other) M. D.
Address 23rd St. Co. 4 Date signed 8/30/43

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.....

H. P. Doehler

Licensed Embalmer No.....

1166

P. O. Address.....

1415 East 15

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.