

S. No. 2
DOM-2-43
v. 5-17-30
-1 X13857

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **40288**
Registrar's No. **5163**

FILED JAN 4 1944
Registration District No. **1948**

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: K. C. General Hospital No. 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 17 days
In this community 24 years
years, months or days (Specify whether)

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. 3264 Gillham Rd.
(If rural, give location)
(e) Citizen of foreign country? no. (Yes or No)
If yes, name country X

B.
3. (a) PRINT FULL NAME Nora Nickell
3. (b) If veteran, name war no.
3. (c) Social Security No. no.

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Dec. day 18
year 1944 hour 4 minute 20 P.M.
21. I hereby certify that I attended the deceased from Dec. 1 1944 to Dec. 18 1944
that I last saw her alive on Dec. 18 1944
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, Widowed
6. (c) Age of husband or wife if alive dec. years
7. Birth date of deceased August 23 1883
(Month) (Day) (Year)

Immediate cause of death Carcinoma of Cervix
Due to.....
Due to..... 480
Other conditions (Include pregnancy within 3 months of death)
Major findings: Of operations.....
Of autopsy None

8. AGE: Years Months Days If less than one day
61 3 26 25 hr. min.

9. Birthplace Nebraska
(City, town, or county) (State or foreign country)
10. Usual occupation at home,

11. Industry or business X
12. Name Elijah Freemont Burson,
13. Birthplace Indiana
(City, town, or county) (State or foreign country)
14. Maiden name Frances M. Shubert,
15. Birthplace unknown,
(City, town, or county) (State or foreign country)

16. (a) Informant Mr. James B. Nickell,
(b) Address 7314 Waldron, Kansas City, Mo.
17. (a) Removal (b) Date thereof 12-20-44
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Stella, Nebraska,
18. (a) Signature of funeral director Stine & McClure,
(b) Address 3235 Gillham Plaza, K. C. Mo.
19. (a) 12-19-44 (b) N. E. Brown
(Date received local registrar) (Registrar's signature)

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 A. E. Upsher (M. D. or other)
Address Med. Dir. Gen'l Hosp. Date signed 12-19-44

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

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 E. M. Plank

Licensed Embalmer No. 1848

P. O. Address. K.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.