

7. S. No. 2
00M-2-43
Rev. 5-17-39
1 X35997

FILED MAR 19 1945

Primary Registration District No. **1002**

Registrar's No. **1004**

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:
4400 E 30TH STREET
(If not in hospital or institution, write street number or location)

(d) Length of stay: **In hospital or institution**

In this community **28 YEARS** (Specify whether years, months or days)

3. (a) PRINT FULL NAME **INR. ELIZABETH NICHOLAS**

3. (b) If veteran, name war **110**

3. (c) Social Security No. **none**

4. Sex **FEMALE**

5. Color or race **WHITE**

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

6. (b) Name of husband or wife **MR. MANEROS NICHOLAS**

6. (c) Age of husband or wife if alive **56** years

7. Birth date of deceased **MCH. 16. 1897**
(Month) (Day) (Year)

8. AGE: Years **47** Months **11** Days **12**
If less than one day hr. min.

9. Birthplace **WINDSOR MISSOURI**
(City, town, or county) (State or foreign country)

10. Usual occupation **HOUSEWIFE**

MOTHER FATHER

11. Industry or business

12. Name **FRANK MORGAN**

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

14. Maiden name **EMMA KEY**

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

16. (a) Informant **Maneros H. Nicholas**

(b) Address **4400 E. 20th Street**

17. (a) **BURIAL** (b) Date thereof **MARCH 9, 1945**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **FOREST HILL CEMETERY**

18. (a) Signature of funeral director **O. N. Newcomer, Sons**

(b) Address **401 BRUSH CREEK BLVD.**

19. (a) **Mar 2 1945** (b) **J. E. Brown**
(Date received by registrar) (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. **4400 E 30TH STREET**
(If rural, give location)

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **FEB** day **28TH**
- year **1945** hour **4** minute **15** M.

21. I hereby certify that I attended the deceased from **Jan 1-1945**
to **Feb 28**, 19**45**

that I last saw him alive on **Feb 25**, 19**45**
and that death occurred on the date and hour stated above.

Immediate cause of death **conclusion of typhoid**
Duration **15 hrs**

Due to **also arteriosclerosis**

Due to **5**

Other conditions (Include pregnancy within 3 months of death)

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)

(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 **Esther Galt** (M. D. or other)

Address **3850 Prospect** Date signed **3-28**

3850 Orlin Street

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 Torrey*

Licensed Embalmer No. *1767*

P. O. Address *Kansas City*

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.