. No. 2
I—2-43
5-17-39
I X35697

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAR 2 1946

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 5803

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 708

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:
General Hospital #2 0
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 15 min. (Specify whether
In this community 24 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED: 48

(a) State Missouri (b) County Jackson 2

(c) City or town Kansas City
(If outside city or town limits, write "RURAL")

(d) Street No. 2025 Prospect
(If rural, give location)

(e) Citizen of foreign country? (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME Elijah Nicholas

3. (b) If veteran, name war No

3. (c) Social Security No. 496-01-5010

4. Sex Male 2

5. Color or race Negro

6. (a) Single, widowed, married, divorced single 0

6. (b) Name of husband or wife

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

7. Birth date of deceased July (Month) 11 (Day) 1907 (Year)

8. AGE: Years 38 Months ~~4~~ 6 Days 27 If less than one day hr. min.

9. Birthplace ~~Olkahoma~~ (City, town, or county) Oklahoma (State or foreign country)

10. Usual occupation Laborer

11. Industry or business

FATHER
12. Name Robert Nicholas
13. Birthplace Louisiana (City, town, or county) / (State or foreign country)

MOTHER
14. Maiden name Betty Thomas
15. Birthplace Louisiana (City, town, or county) / (State or foreign country)

16. (a) Informant Gussie Shaffer
(b) Address 1310 Forest

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 2/10/46 (Month) (Day) (Year)
(c) Place: burial or cremation Lincoln Cemetery

18. (a) Signature of funeral director Watkins Bros
(b) Address 1729 Lydia

19. (a) 2-11-46 (Date received local registrar) (b) Geraldine Holmes (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. day 8th
year 1946 hour 6:10 minute A. M.

21. I hereby certify that I attended the deceased from 2-7-, 1946 to 2-8-, 1946
that I last saw ~~him~~ alive on 2-7-, 1946
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Bronchial Pneumonia	
Due to Influenza	
Due to	
Other conditions no (Include pregnancy within 3 months of death)	
Major findings: Of operations 33a	
Of autopsy no	

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? (Specify type of place)

While at work? (e) Means of injury 0

Signature [signature] (M. D. or other)

Address 2200 E 18 Date signed 2-11-46

3-41

(Licensed Embalmer's Statement on Reverse Side)

Dr Bangh

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. I. Jerome Manlove

Licensed Embalmer No. 3994

P. O. Address 2503 Highland

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.