

FILED JUN 25 1946

Registration District No. 149

Primary Registration District No. 2802

Registrar's No. 2572

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: Research Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 3 days
(Specify whether
In this community 70 years
years, months or days)

3. (a) PRINT FULL NAME

Julia Hicks

3. (b) If veteran, name was no

3. (c) Social Security No. no

4. Sex Female 5. Color of hair White 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife William Edward Hicks 6. (c) Age of husband or wife if alive unk years
7. Birth date of deceased 5-9-1872
(Month) (Day) (Year)

8. AGE: Years 74 Months 1 Days 0 If less than one day hr. min.

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

10. Usual occupation at home

11. Industry or business

12. Name Niran Page
13. Birthplace unknown
(City, town, or county) (State or foreign country)
14. Maiden name unknown
15. Birthplace unknown
(City, town, or county) (State or foreign country)

16. (a) Informant William Edward Hicks

(b) Address 2611 Highland

17. (a) burial (b) Date thereof 6-12-46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Massiah Park

18. (a) Signature of funeral director J. H. ...

(b) Address 12, C. I. Kansas

19. (a) 6-11-46 (b) Geraldine Holmes
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson
(c) City or town Kansas City Rural
(If outside city or town limits write "RURAL")
(d) Street No. 2611 Highland
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH, Month 6 day 9
year 1946 hour 1 minute 20 P. M.
21. I hereby certify that I attended the deceased from January 7, 1946
June 9, 1946 to June 9, 1946
that I last saw her alive on June 9, 1946
and that death occurred on the date and hour stated above.

Immediate cause of death
Nephritis chronic
anuria
gallstones
Due to
Due to

Other conditions (Include pregnancy within 3 months of death)
Major findings: same 131 b
Of operations
Of autopsy same

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) (Specify type of place)
While at work? (c) Means of injury
23. Signature J. H. Montgomery (M. D. or nurse)
Address 1382 Prof. Bldg. Date signed 6-11-46

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

MOTHER FATHER

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

~~Wright~~
1005 Grand

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 George M. Malloy
Licensed Embalmer No. 2198
P. O. Address N. O. Kansas

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.