

No. 2
5-43
1-17-39
X36671

FILED NOV 6 1948
Registration District No. 149

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:
ST. JOSEPH'S HOSPITAL
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 7 DAYS
(Specify whether)
 In this community 30 YEARS
years, months or days

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. 3519 MONTGALL AVENUE
(If rural, give location)
 (e) Citizen of foreign country? NO (Yes or No)
 If yes, name country ---

3. (a) PRINT FULL NAME MRS. ELLEN A. NUCKLES
 3. (b) If veteran, name war NO
 3. (c) Social Security No. NONE

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month OCTOBER day 18TH
 year 1948 hour 6 minute 15 P.M.

4. Sex FEMALE
 5. Color or race WHITE
 6. (a) Single, widowed, married, divorced WIDOWED
 6. (b) Name of husband or wife MR. HARDIN A. NUCKLES
 6. (c) Age of husband or wife if alive --- years
 7. Birth date of deceased JANUARY 1 1899
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from December 1945 to Oct 18 1948
 that I last saw her alive on Oct 18 1948
 and that death occurred on the date and hour stated above.

8. AGE:	Years	Months	Days	If less than one day
	<u>49</u>	<u>9</u>	<u>17</u>	hr. min.

Immediate cause of death Mitral stenosis Duration 10 years
 Due to Rheumatic heart disease 27 years
 Due to _____

9. Birthplace Aledo Illinois
(City, town, or county) (State or foreign country)
 10. Usual occupation HOUSEKEEPER

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

11. Industry or business AT HOME
 12. Name ARTHUR H. HALCOMB
 13. Birthplace WOODHULL ILLINOIS
(City, town, or county) (State or foreign country)
 14. Maiden name LENA MADDOX
 15. Birthplace MILLERSBURG ILLINOIS
(City, town, or county) (State or foreign country)

Major findings: Of operations ---
 Of autopsy ---
 PHYSICIAN ---
Underline the cause to which death should be charged statistically.

16. (a) Informant MRS. V. A. McANEAR
 (b) Address 3519 MONTGALL AVENUE
 17. (a) BURIAL (b) Date thereof OCT-20-1948
(Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation GREEN LAWN CEMETERY

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? _____

18. (a) Signature of funeral director Edw. Samuelson
 (b) Address 1401 Brush Creek Blvd.
 19. (a) 10-19-48 (b) Seraldine Holmes
(Date received local registrar) (Registrar's signature)

While at work _____ (Specify type of place)
 (c) Means of injury ---
 23. Signature Edward A. Samuelson (M. D. or other) W.D.
 Address 2603 E 31 Date signed 10-19-48

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1-5-

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

D. P. Nofsinger

Licensed Embalmer No.

3958

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.