

Registration District No. 399

Primary Registration District No. 1002

Registrar's No.

## 1. PLACE OF DEATH:

(a) County Jackson  
 (b) City or town Kansas City, Missouri  
 (If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution:  
506 North Oakley  
 (If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution \_\_\_\_\_  
 (Specify whether  
 In this community 21 Years  
 years, months or days)

3. (a) PRINT FULL NAME Frank Nichols Sr. 24<sup>2</sup>3. (b) If veteran, name war No 3. (c) Social Security No. No4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Widowed6. (b) Name of husband or wife Mrs. Clarinda Nichols 6. (c) Age of husband or wife if alive Not known years7. Birth date of deceased February 17 - 1874  
(Month) (Day) (Year)8. AGE: Years Months Days If less than one day  
65 9 26 hr. min.9. Birthplace Coshocton Ohio  
(City, town, or county) (State or foreign country)10. Usual occupation Painting Contractor, Retired

## 11. Industry or business

MOTHER FATHER  
 { 12. Name Willard Nichols  
 { 13. Birthplace No Record.  
 (City, town, or county) (State or foreign country)  
 { 14. Maiden name Nancy A. Henderson  
 { 15. Birthplace No Record.  
 (City, town, or county) (State or foreign country)

16. (a) Informant's own signature Charles H. Nichols(b) Address 506 N. Oakley ave K.C. Mo.17. (a) Burial (b) Date thereof Dec. 15th, 39  
(Burial, cremation, or removal) (Month) (Day) (Year)(c) Place: burial or cremation Kidder Missouri18. (a) Signature of funeral director Mrs. C. L. Forster(b) Address 918 Brooklyn Avenue, K.C. Mo.19. (a) Dec. 14, 1939 (b) M. M. Growe  
(Date received local registrar) (Registrar's signature)

## 2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson  
 (c) City or town Kansas City, Missouri  
 (If outside city or town limits, write "RURAL")  
 (d) Street No. 506 North Oakley  
 (If rural, give location)  
 (e) If foreign born, how long in U. S. A. \_\_\_\_\_ years.

## MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December day 13th.  
year 1939 hour 5 minute 20 P. M.21. I hereby certify that I attended the deceased from 11/27/39  
19\_\_\_\_, to 12/13 19\_\_\_\_;that I last saw him alive on Dec. 13 19\_\_\_\_;

and that death occurred on the date and hour stated above.

Immediate cause of death Hypos static pneumonia Duration \_\_\_\_\_Due to 820

Due to \_\_\_\_\_

Other conditions Asphyxiation  
(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 Nov 27-39  
 (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 W. B. Thierkell (M. D. or other)  
Address 427 So. Grandale Date signed 12/14/39

**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 me

....., Registered Apprentice No. ....

working under my personal supervision.

Signed.....

Thomas R. Redman

Licensed Embalmer No. 2737

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, above space should be left blank.**