S. No. 2
—11-10-39
. 5-17-39
I X21492

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

FILED AUG 14 1940

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 24155
Registrar's No. 2765

Registration District No. 399 Primary Registration District No. 1002

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:
3787 Penn Ave., 2
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution no. (Specify whether years, months or days)
In this community ~~Unknown~~ 42 Years

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. 3787 Penn Ave.,
(If rural, give location)
(e) If foreign born, how long in U. S. A.? no. years.

3. (a) PRINT FULL NAME Adelbert Peter Nichols, 242
3. (b) If veteran, name war NO
3. (c) Social Security No. NO
4. Sex Male,
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Laura W. Nichols,
6. (c) Age of husband or wife if alive 69 years
7. Birth date of deceased March 19, 1869, (Month) (Day) (Year)

8. AGE: Years	Months	Days	If less than one day
71	3	20	hr. min.

9. Birthplace Illinois, (City, town, or county) (State or foreign country)
10. Usual occupation Real Est. and Inv. Operator
11. Industry or business x 1
FATHER 12. Name Reuben Nichols,
13. Birthplace Unknown, 9 (City, town, or county) (State or foreign country)
MOTHER 14. Maiden name Jane Nichols, 6
15. Birthplace Unknown, 9 (City, town, or county) (State or foreign country)
16. (a) Informant A. P. Nichols, Jr.,
(b) Address 6400 Oak, Kansas City, Mo.
17. (a) Burial, (Burial, cremation, or removal) (b) Date thereof 7-10-40 (Month) (Day) (Year)
(c) Place: burial or cremation Highland Park Cemetery,
18. (a) Signature of funeral director Stine & McClure,
(b) Address 3235 Gillham Plaza, K. C., Mo.
19. (a) July 9, 1940 (Date received local registrar) (b) M. M. Crane (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 8th, year 1940 hour 5:00 minute P. M.
21. I hereby certify that I attended the deceased from June 1 1940, 19..., to July 8, 1940, that I last saw him alive on July 8, 1940, and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Subacute bacterial endocarditis	5 mos.
Due to Streptococcus	
Due to	
Other conditions Rheumatic heart disease (Include pregnancy within 3 months of death)	

Major findings:
Of operations None
Of autopsy None

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

23. Signature Lyman Richardson (M. D. or other)
Address 1004 Rialto Bldg. Date signed 7/9/40

(Licensed Embalmer's Statement on Reverse Side)

APR 28 1942

Dr. L. K. Richardson,
1-30 Ridge Rd

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 Dewey Towne, Registered Apprentice No. 222 working under my personal supervision.

Signed E. M. Plank

Licensed Embalmer No. 1848

P. O. Address K. C. Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply w the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.