

S. No. 2
1-9-4-41
5-17-39
X29484

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

9793

State File No.

Registrar's No. 1201

FILED APR 8 1942

Registration District No. 399

Primary Registration District No. 1002

1. PLACE OF DEATH: Jackson

(a) County. Kansas City

(b) City or town. Kansas City

(c) Name of hospital or institution: 1217 Montgall

(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution. 4 years

(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED: Missouri Jackson 042

(a) State. Missouri (b) County. Jackson

(c) City or town. Kansas City

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

(d) Street No. 1217 Montgall

(If rural, give location)

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

If yes, name country 0

3. (a) PRINT FULL NAME Finis Lee Nichols

3. (b) If veteran. No

3. (c) Social Security No. 709-12-0473

4. Sex. Ma 0

5. Color or race. Wh

6. (a) Single, widowed, married, divorced. Married

6. (b) Name of husband or wife. Mrs. Jessie Nichols

6. (c) Age of husband or wife if alive. 48 years

7. Birth date of deceased. March 2 1889

(Month) (Day) (Year)

8. AGE: Years 53 Months 0 Days 22

If less than one day hr. min.

9. Birthplace. Greenville Illinois

(City, town, or county) (State or foreign country)

10. Usual occupation. Telegraph Operator

11. Industry or business. Alton-B & O. R. R.

12. Name. Robert Nichols

13. Birthplace. Illinois

(City, town, or county) (State or foreign country)

14. Maiden name. Mable E. Lemmons

15. Birthplace. Illinois

(City, town, or county) (State or foreign country)

16. (a) Informant. Mrs. Jessie Nichols

(b) Address. 1217 Montgall

17. (a) Burial (b) Date thereof. 3-26-42

(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation. Odessa, Mo.

18. (a) Signature of funeral director. J. M. Wagner

(b) Address. Kansas City, Mo.

19. (a) 3-25-42 (b) M. M. Crowe

(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month. March day. 24th

year. 1942 hour. 8:00 minute. P.M.

21. I hereby certify that I attended the deceased from Mar 1, 1942

19 to Mar 24, 1942

that I last saw h. alive on Mar 24, 1942

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

Immediate cause of death. Coronary Calcification

Duration 2 days

Due to. Chronic Lung Disease 6 mo

Due to. Lung Abscess Cause Undetermined 5 mo

Other conditions. ITP

(Include pregnancy within 3 months of death)

Major findings: Of operations. 114

Of autopsy. 114

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). no

(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?

While at work? (Specify type of place) (e) Means of injury. 0

23. Signature. Douglas J. Baker (M. D. or other)

Address. 1103 1/2 Maple Date signed. 3/25/42

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

9793

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368

Jeanele Bg 1103 E. Arrow
ME 4193

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 Cecil R. Matthes

Licensed Embalmer No. 3807

P. O. Address Kansas City, Miss.

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.