

FILED NOV 19 1942/9
Registration District No.

Primary Registration District No. 1002

Registrar's No. 4086

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:
K.C. Convalescent Home 3200 Norledge
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 10 Months
(Specify whether years, months or days)
 In this community 30 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. 3700 Wyoming Street
(If rural, give location)
 (e) Citizen of foreign country? No (Yes or No)
 If yes, name country.

3. (a) PRINT FULL NAME Mr. Charles W. Nichols, Sr.
 (b) If veteran, name war No
 (c) Social Security No. None

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month November day 3rd
 year 1942 hour 11 minute 45 A. M.

4. Sex Male 5. Color or race White
 6. (a) Single, widowed, married, divorced, Widowed
 6. (b) Name of husband or wife Mrs. Belva Hall Nichols
 6. (c) Age of husband or wife if alive --- years
 7. Birth date of deceased: June 18 1878
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from 11/1 1942 to 11/3 1942
 that I last saw him alive on 11/2 1942
 and that death occurred on the date and hour stated above.

8. AGE: Years Months Days If less than one day
64 4 15 hr. min.

Immediate cause of death Cerebral hemorrhage
 Due to Parkinson's Disease
 Due to 82 yr
 Other conditions (Include pregnancy within 3 months of death) ---

9. Birthplace Endicott New York
(City, town, or county) (State or foreign country)
 10. Usual occupation Real Estate Business

Major findings: Of operations ---
 Of autopsy ---

11. Industry or business ---
 12. Name Wm Preston Nichols
 13. Birthplace Rodman N.Y.
(City, town, or county) (State or foreign country)
 14. Maiden name Mariette Heath
 15. Birthplace Rodman N.Y.
(City, town, or county) (State or foreign country)

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? --- (Specify type of place)
 (e) Means of injury ---

16. (a) Informant Mr. Charles W. Nichols, Jr.
 (b) Address 3700 Wyoming Street
 17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Nov. 5, 1942
(Month) (Day) (Year)
 (c) Place: burial or cremation Mt. Moriah Cemetery
 18. (a) Signature of funeral director D. H. Newcomer's Son
 (b) Address 1401 Brush Creek Blvd.
 19. (a) 11-4-42 (Date received local registrar) (b) M. M. Grover (Registrar's signature)

23. Signature Eugene A. Pond (M. D. or other)
 Address 3501 Benton Blvd. Date signed 11/3/42

Duration 5da
15 yr.
 PHYSICIAN
 Underline the cause to which death should be charged statistically.

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

P

3506
6:15
Brenton

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 *C. Harvey Punsaber*

Licensed Embalmer No. *4070*

P. O. Address *KC 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, fact should be so stated above.