

S. No. 2
M-5-42
7. 5-17-39
K32873

39889

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. _____
Registrar's No. **4891**

FILED JAN 11 1943

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:
307 Gladstone Blvd
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____ (Specify whether
In this community 3 yrs. years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson ⁴⁸

(c) City or town Kansas City ³
(If outside city or town limits, write "RURAL")

(d) Street No. 307 Gladstone Blvd. ⁸
(If rural, give location)

(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____ 0

3. (a) PRINT FULL NAME EDWARD NICHOLS

3. (b) If veteran, name war NONE

3. (c) Social Security No. none

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 12 day 25
year 1942 hour 7:28 minute P M.

21. I hereby certify that I attended the deceased from Deputy Coroner to _____ 19____;
that I last saw him _____ alive on _____ 19____;
and that death occurred on the date and hour stated above.

4. Sex male 5. Color of face Col.

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

6. (b) Name of husband or wife _____

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

7. Birth date of deceased July 4 1887
(Month) (Day) (Year)

Immediate cause of death Coronary Occlusion ^{Duration}
Sclerotic q4s
Due to Acute Pulmonary Edema

8. AGE: Years 55 Months 5 Days 24 If less than one day
hr. _____ min. _____

Other conditions (include pregnancy within 3 months of death) _____

Major findings: _____

Of operations _____

Of autopsy yes

9. Birthplace Kansas City Kansas
(City, town, county) (State or foreign country)

10. Usual occupation Janitor

PHYSICIAN _____
Underline the cause to which death should be charged statistically.

11. Industry or business none

12. Name Joe Nichols

13. Birthplace Don't know Kentucky
(City, town, or county) (State or foreign country)

14. Maiden name Susan Whales

15. Birthplace Don't know Kentucky
(City, town, or county) (State or foreign country)

16. (a) Informant Stella Wesley

(b) Address 1700 Shelley

17. (a) Funeral (b) Date thereof 12/31/42
(Month) (Day) (Year)

(c) Place: burial or cremation Funeral Home

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? _____

While at work _____ (Specify type of place) (Means of injury)

18. (a) Signature of funeral director A. W. Shatch

(b) Address 1520 N. 5th N.C. Kans.

19. (a) 12-29-42 (b) M. M. Osome
(Date received local registrar) (Registrar's signature)

23. Signature F. P. Richardson M. D. or other) _____
Address 1832 Vine Date signed 12-27-42

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.....

L. J. Harris, Sr.
Licensed Embalmer No. 3388

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, fact should be so stated above.