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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 1633

FILED JAN 19 1944

Registration District No. 9 — Primary Registration District No. 1002 — Registrar's No. 5716

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:
Little Sisters of the Poor
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 10 Mo. (Specify whether
In this community 10 months
years, months or days)

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. 5331 Highland
(If rural, give location)

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

If yes, name country

3. (a) PRINT FULL NAME WILLIAM NICKLES

3. (b) If veteran, name war No

3. (c) Social Security No. None

4. Sex Male

5. Color or race White

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 June (Month) 12th (Day) 1874 (Year)

8. AGE:

Years	Months	Days	If less than one day
69	6	19	hr. min.

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

10. Usual occupation Common Laborer

11. Industry or business

FATHER
12. Name James Nickles
13. Birthplace (City, town, or county) Missouri (State or foreign country)

MOTHER
14. Maiden name Laura (No Record)
15. Birthplace (City, town, or county) Kentucky (State or foreign country)

16. (a) Informant Sister St. Thiele
(b) Address 5331 Highland Ave

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 1/4/1944 (Month) (Day) (Year)
(c) Place: burial or cremation St. Mary's Cemetery

18. (a) Signature of funeral director Quirk + Tobin Co.
(b) Address 20 West Linwood, K.C., Mo.

19. (a) Dec 31 1943 (Date received local registrar) (b) F E Brown (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December day 31st year 1943 hour 9: minute 00 P.M.

21. I hereby certify that I attended the deceased from Dec. 17, 1943 to Dec. 31, 1943 that I last saw him alive on December 28th 1943 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Broncho Pneumonia	3 da
Due to Generalized Arterio sclerosis	years
Due to Myocardosis	years
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy ----------	

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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 John T Skinner M.D. (M.D. or other)

Address 1404 Bryant Bldg. Date signed 1/1/44

(Licensed Embalmer's Statement on Reverse Side)

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 Charles M Durk

Licensed Embalmer No. 3774

P. O. Address Kansas City Mo

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

If this body is not embalmed, fact should be so stated above.