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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUL 3 1947

Registration District No. 1

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 21108

Primary Registration District No. 1002

Registrar's No. 2766

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: 3617 East 23rd St
(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 years.
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Jackson 48

(c) City or town K.C.
(If outside city or town limits, write "RURAL")

(d) Street No. 3617 East 23rd St.
(If rural, give location)

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

If yes, name country .....

3. (a) PRINT FULL NAME CHARLES. N. Nichols

3. (b) If veteran, name war no

3. (c) Social Security No. no.

4. Sex MO

5. Color or race Wh

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

6. (b) Name of husband or wife Maude E Nichols

6. (c) Age of husband or wife if alive 63 years

7. Birth date of deceased Feb. (Month) 8 (Day) 1874 (Year)

8. AGE: Years ~~74~~ 73 | Months 4 | Days 18 | If less than one day ..... hr. ..... min.

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

10. Usual occupation Farmer

11. Industry or business .....

FATHER
12. Name Jerry Nichols
13. Birthplace ..... (City, town, or county) Ohio (State or foreign country)

MOTHER
14. Maiden name Sylvia Thomas
15. Birthplace ..... (City, town, or county) Indiana (State or foreign country)

16. (a) Informant Maud. E. Nichols

(b) Address 3617 E 23rd St.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 6/30/47 (Month) (Day) (Year)

(c) Place: burial or cremation Floral Hills Cem.

18. (a) Signature of funeral director Carroll-Davidson Co

(b) Address 3024 Troost Ave

19. (a) 6-28-47 (Date received local registrar) (b) Geraldine Holmes (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 26 year 1947 hour 4 minute 40. P.M.

21. I hereby certify that I attended the deceased from Jan 1947 ..... 19..., to June 26 1947 that I last saw him alive on June 26 1947 and that death occurred on the date and hour stated above.

Immediate cause of death Uremia

Due to Chronic Interstitial Nephritis & Pylo Nephrosis

Due to .....

Other conditions Ventricular Fatty Degeneration
(Include pregnancy within 3 months of death)

~~Major findings:~~ 1310

Of operations Interstitial Nephritis, Pylo Nephrosis

Of autopsy Prostatic Hypertrophy, Chronic Cystitis

Duration

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 2

23. Signature M.M. Geraghty (M. D. or other) DO

Address 6045 E 15th Date signed 6/26/47

(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 John W. Laybourne

Licensed Embalmer No. 1715

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.