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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 27632

FILED SEP 5 1939

Registration District No. 10

Primary Registration District No. 1002

Registrar's No. 3266

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: 3660 Summit Street. 2
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution Unknown. (Specify whether
In this community Unknown.
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. 5127 Sunset Drive.
(If rural, give location)

(e) If foreign born, how long in U. S. A.? no. years.

3. (a) PRINT FULL NAME Henry Hudson Nicholson. 242

3. (b) If veteran, name war Civil War

3. (c) Social Security No. No.

4. Sex Male

5. Color or race White

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

6. (b) Name of husband or wife Mrs. Ida Nicholson.

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

7. Birth date of deceased May (Month) 25th, (Day) 1850, (Year)

8. AGE: Years 90 Months 2 Days 23 If less than one day hr. min.

9. Birthplace Wisconsin. (City, town, or county) 1 (State or foreign country)

10. Usual occupation Retired Prof. of Chemistry.

11. Industry or business x

FATHER
12. Name Henry William Nicholson.
13. Birthplace Unknown. (City, town, or county) 9 (State or foreign country)

MOTHER
14. Maiden name Sarah B. Howe.
15. Birthplace Unknown. (City, town, or county) 9 (State or foreign country)

16. (a) Informant B. C. Adams.
(b) Address 5127 Sunset Dr., Kansas City, Mo.

17. (a) Removal. (Burial, cremation, or removal) (b) Date thereof 8-17-40 (Month) (Day) (Year)
(c) Place: burial or cremation Lincoln, Nebraska.

18. (a) Signature of funeral director Stine & McClure.
(b) Address 3235 Gillham Plaza, K. C., Mo.

19. (a) Aug. 18, 1940 (Date received local registrar) (b) M. M. Crowe (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 17th. year 1940. hour 5:30 minute A. M.

21. I hereby certify that I attended the deceased from 7-24, 1940, to 8-17, 1940; that I last saw h alive on 8-14, 1940 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Anemia due to Cerebral arteriosclerosis	
Due to	
Due to Chronic Nephritis 131	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations no
Of autopsy no

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 1

23. Signature F. J. Wilson (M. D. or other)
Address Plaza Med Bldg. Date signed 8-1940

(Licensed Embalmer's Statement on Reverse Side)

Lt William
Reg & Bldg
12 Oct 64

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 J B Waters

Licensed Embalmer No. 3992

P. O. Address K C Mo.

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

If this body is not embalmed, above space should be left blank.