

STANDARD CERTIFICATE OF DEATH

40431

State File No.

10202

Registrar's No.

Registration District No. 791

Primary Registration District No. 003

1. PLACE OF DEATH:

(a) County \_\_\_\_\_  
 (b) City or town St. Louis, Missouri  
(If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution:  
Missouri Pacific Hospital  
(If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution \_\_\_\_\_  
(Specify whether  
 In this community 5 weeks  
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. 4304 East 26th Street.  
(If rural, give location)  
 (e) If foreign born, how long in U. S. A.? \_\_\_\_\_ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 10  
 year 1940 hour 3 minute 50 M.  
 21. I hereby certify that I attended the deceased from Dec. 1  
 \_\_\_\_\_, 1940, to Dec. 10, 1940  
 that I last saw him alive on Dec. 10, 1940  
 and that death occurred on the date and hour stated above.

3. (a) PRINT FULL NAME Edward Walter Nichols  
 3. (b) If veteran, name war None 3. (c) Social Security No. Unk

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married  
 6. (b) Name of husband or wife Lena Nichols 6. (c) Age of husband or wife if alive 56 years  
 7. Birth date of deceased October 15, 1876  
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>64</u>	<u>1</u>	<u>25</u>	hr. _____ min. _____

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

10. Usual occupation Carpenter

11. Industry or business Missouri Pacific R.P.

12. Name Miller Nichols

13. Birthplace Unknown Virginia  
(City, town, or county) (State or foreign country)

14. Maiden name Unknown Burnett

15. Birthplace Unknown Virginia  
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Lena Nichols

(b) Address Kansas City, Missouri

17. (a) Removal (b) Date thereof 12/10/40  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Kansas City, Mo

18. (a) Signature of funeral director Albert H. Hoppe Inc

(b) Address 4700 Washington Blvd.

19. (a) \_\_\_\_\_ (b) J. W. Bredich  
(Director or Registrar) (Registrar's Signature)

Immediate cause of death \_\_\_\_\_

Due to Carcinoma of bladder.  
Urinary  
 Due to \_\_\_\_\_

Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Major findings: \_\_\_\_\_  
 Of operations 51

Of autopsy \_\_\_\_\_

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 W. H. Nantel (M. D. or other) \_\_\_\_\_  
 Address Missouri Pacific Hosp. Date signed 12-10-40

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

**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.....

*Albert G. Hoff*

Licensed Embalmer No. 2971

P. O. Address.....

**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.**