

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. **41491**  
Registrar's No. **4884**

Registration District No. **399** Primary Registration District No. **1002**

1. PLACE OF DEATH:

(a) County. **Jackson**  
(b) City or town. **Kansas City, Mo.**  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: **Research Hospital**  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution. **5 years**  
(Specify whether years, months or days)  
In this community. **50 years**

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. **Southland Hotel**  
(If rural, give location)  
(e) If foreign born, how long in U. S. A.? **no.** years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **December** day **20th**,  
year **1940** hour **8** minute **A** M.  
21. I hereby certify that I attended the deceased from **Dec. 10**  
**1940**, to **Dec. 20**, 19**40**;  
that I last saw him alive on **Dec. 19th**, 19**40**;  
and that death occurred on the date and hour stated above.

Immediate cause of death. **Broncho-pneumonia** 4 day  
Due to **Pneumonia -**  
**Septic Ch. Valvula**  
Due to **Heart Disease** 10-20y.  
Other conditions **920**

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

Major findings:  
Of operations  
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, or farm, in industrial place, in public place?

While at work?  (Specify type of place) (e) Means of injury   
23. Signature **Edward Allen** (M. D. or other)  
Address **1002 Upper Reg.** Date signed **12/21/40**

3. (a) PRINT FULL NAME **Mrs. Flora C. Nicolet**

3. (b) If veteran, name war **no.** 3. (c) Social Security No. **no.**

4. Sex **Female** 5. Color or race **White** 6. (a) Single, widowed, married, divorced **Widowed**

6. (b) Name of husband or wife **Harry L. Nicolet** 6. (c) Age of husband or wife if alive **dec.** years

7. Birth date of deceased **March 6, 1861**  
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
<b>75</b>	<b>79</b>	<b>9</b>	<b>14</b>	<b>hr. min.</b>

9. Birthplace **New Jersey**  
(City, town, or county) (State or foreign country)

10. Usual occupation **at home**

11. Industry or business **X**

12. Name **John Coombs**

13. Birthplace **New Jersey**  
(City, town, or county) (State or foreign country)

14. Maiden name **Hannah Ledden**

15. Birthplace **New Jersey**  
(City, town, or county) (State or foreign country)

16. (a) Informant **Ben H. Nicolet**

(b) Address **Riverdale, Maryland**

17. (a) **Burial**, (b) Date thereof **12-23-40**  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Forest Hill Cemetery, Stine & McClure**

18. (a) Signature of funeral director

(b) Address **3235 Gillham Plaza, K. C., Mo.**

19. (a) **Dec. 23, 1940** (b) **M. M. Crowe**  
(Date received local registrar) (Registrar's signature)

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

MOTHER FATHER

Dr. E. P. Heller,

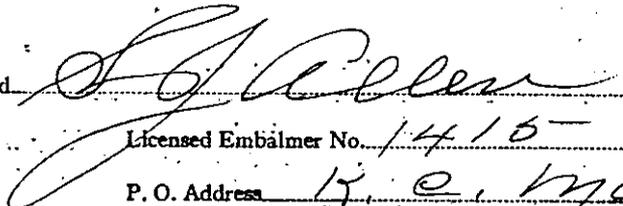
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**STATEMENT BY LICENSED EMBALMER**

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



Licensed Embalmer No. 1415

P. O. Address B. E. 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, above space should be left blank.**