

No. 2
4-12-40
5-17-39
I X23159

Registration District No. 399

Primary Registration District No. 1002

Registrar's No. 4856

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: St. Joseph 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 1 Month 2 Days 0 years, months or days

3. (a) PRINT FULL NAME Linda Mary Nicholas

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 Single

6. (b) Name of husband or wife _____

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

7. Birth date of deceased November 27 1941
(Month) (Day) (Year)

8. AGE:

| | | | |
|-------|----------|----------|----------------------|
| Years | Months | Days | If less than one day |
| | <u>1</u> | <u>2</u> | hr. _____ min. |

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

10. Usual occupation None

11. Industry or business _____

MOTHER FATHER {

12. Name Harry J. Nicholas Jr.

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

14. Maiden name Mary Allene Cooper

15. Birthplace Polo Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant Mr. Harry J. Nicholas Jr.

(b) Address 408 North Hardesty

17. (a) Burial (b) Date thereof 12-29-1941
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Memorial Park

18. (a) Signature of funeral director Mrs. C. L. Forster

(b) Address K.C. Mo

19. (a) Nov. 29 1941 (b) M. M. Brown
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson 048

(c) City or town Kansas City 8
(If outside city or town limits, write "RURAL")

(d) Street No. 408 North Hardesty
(If rural, give location)

(e) If foreign born, how long in U. S. A. 0 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December Day 27th,
year 1941 hour 4 minute 25 P. a.m.

21. I hereby certify that I attended the deceased from Nov 22, 1941,
to Dec 4, 1941,
that I last saw h. alive on Dec 4, 1941, 1941,
and that death occurred on the date and hour stated above.

Immediate cause of death Broncho pneumonia 1 week
Duration

Due to exhaustion

Due to _____

Other conditions menstruation 7 days
(Includes pregnancy within 3 months of death)

PHYSICIAN

Major findings:
Of operations _____

Of autopsy same 159

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 Nov

(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? _____

While at work? _____ (Specify type of place)
(e) Means of injury _____

23. Signature M. P. Carroll (M. D. or other) 0

Address 715 Argyle Bldg. Bldg. 12-29-41

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 ml

Registered Apprentice No. _____

working under my personal supervision.

Signed _____

Dwight C. Browning

Licensed Embalmer No. 2724

P. O. Address P. O. no

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.