

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 4957
761

FILED MAR 6 1950

BIRTH NO. _____		REG. DIST. NO. <u>149</u>		PRIMARY REG. DIST. NO. <u>1002</u>		Registrar's No. <u>761</u>	
1. PLACE OF DEATH				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).			
a. COUNTY <u>Jackson</u>		b. CITY (If outside corporate limits, write RURAL and give township) <u>Kansas City</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Kansas City</u>		d. STREET ADDRESS (If rural, give location) <u>1214 West 55th St.</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>1214 West 55th St.</u>		c. LENGTH OF STAY (In this place) <u>47 yrs.</u>		e. CITY (If outside corporate limits, write RURAL and give township) <u>Kansas City</u>		f. STREET ADDRESS (If rural, give location) <u>1214 West 55th St.</u>	
3. NAME OF DECEASED (Type or Print)		a. (First) <u>Jesse C.</u>		b. (Middle) <u>Clyde</u>		c. (Last) <u>Nichols</u>	
4. DATE OF DEATH		(Month) <u>Feb.</u>		(Day) <u>16,</u>		(Year) <u>1950</u>	
5. SEX <u>male</u>		6. COLOR OR RACE <u>white</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>		8. DATE OF BIRTH <u>Aug. 23, 1880</u>	
9. AGE (In years last birthday) <u>69</u>		IF UNDER 1 YEAR Months _____ Days _____		IF UNDER 2 HRS. Hours _____ Min. _____		11. BIRTHPLACE (State or foreign country) <u>Kansas</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Chairman of Board</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>J. C. Nichols Co.</u>		11. BIRTHPLACE (State or foreign country) <u>Kansas</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13a. FATHER'S NAME <u>Jesse Thomas Nichols</u>		13b. MOTHER'S MAIDEN NAME <u>Johanna Jackson</u>		14. NAME OF HUSBAND OR WIFE <u>Jessie Miller Nichols</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>		16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs. Earl W. Allen, 2221 Drury Lane</u>			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Broncho Pneumonia</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Carcinoma of Lung (primary)</u> DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS* Conditions contributing to the death but not related to the disease or condition causing death. <u>162X</u>				INTERVAL BETWEEN ONSET AND DEATH	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)		21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)	
21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?				22. I hereby certify that I attended the deceased from <u>April 10 1943</u> , to <u>February 16 50</u> that I last saw the deceased alive on <u>Feb. 16, 1950</u> , and that death occurred at <u>3:15 pm.</u> , from the causes and on the date stated above.	
23a. SIGNATURE <u>H. P. Boughnau M.D.</u>		23b. ADDRESS <u>315 Alameda Rd., K. C., Mo.</u>		23c. DATE SIGNED <u>2/17/50</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>burial</u>		24b. DATE <u>2-18-50</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Forest Hill</u>		24d. LOCATION (City, town, or county) (State) <u>Kansas City, Missouri</u>	
DATE REC'D BY LOCAL REG. <u>2-18-50</u>		REGISTRAR'S SIGNATURE <u>Thelma Holmes</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>STINE & McCLURE UND. CO. KANSAS CITY, MO.</u>			

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

D. Broughman
Reg Med Bldg

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.....

..... Student Embalmer No.

working under my personal supervision.

Student
Student Embalmer

Signed.....

Licensed Embalmer No. 1218

P. O. Address H E M

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.