

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

RECORDED OCT 25 1952

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **35126**

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **149** PRIMARY REG. DIST. NO. **1002** Registrar's No. **4452**

1. PLACE OF DEATH a. COUNTY <b>Jackson</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>Jackson</b>	
b. CITY (If outside corporate limits, write RURAL and give township) <b>Kansas City</b>		c. CITY (If outside corporate limits, write RURAL and give township) <b>Kansas City</b>	
c. LENGTH OF STAY (in this place) <b>25 yrs.</b>		d. STREET ADDRESS (If rural, give location) <b>707 S. Wheeling</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>707 S. Wheeling</b>		e. STREET ADDRESS (If rural, give location) <b>707 S. Wheeling</b>	

3. NAME OF DECEASED (Type or Print) a. (First) <b>Lois</b> b. (Middle) <b>Mary</b> c. (Last) <b>Nicholson</b>		4. DATE OF DEATH (Month) <b>10</b> (Day) <b>12</b> (Year) <b>52</b>	
5. SEX <b>Female</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Widowed</b>	8. DATE OF BIRTH <b>3/24/1869</b>
9. AGE (In years last birthday) <b>84</b>		10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Housewife</b>	10b. KIND OF BUSINESS OR INDUSTRY <b>-</b>
11. BIRTHPLACE (City and State or Foreign Country) <b>Missouri</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>	

13a. FATHER'S NAME <b>Wm Brochboard</b>		13b. MOTHER'S MAIDEN NAME <b>Elizabeth Green</b>		14. NAME OF HUSBAND OR WIFE <b>Tabb. Nicholson</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>		16. SOCIAL SECURITY NO. <b>None</b>		17. INFORMANT'S SIGNATURE OR NAME <b>Mrs Harde Van Comper Nolle</b>	
				ADDRESS <b>707 S. Wheeling</b>	

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, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION 1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Chronic Endocarditis</b>		INTERVAL BETWEEN ONSET AND DEATH <b>5 years</b>	
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. <b>Chronic Cardiac Asthma</b>		<b>5 years</b>	
		DUE TO (c)			
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		<b>4312</b>	

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
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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)		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 **Jan 1, 1933**, to **Oct 12, 1952**, that I last saw the deceased alive on **Oct 11, 1952** and that death occurred at **4:15 P.M.**, from the causes and on the date stated above.

23a. SIGNATURE <b>Chas. S. Nelson</b> (Degree or title)		23b. ADDRESS <b>3626 1/2 Independence</b>		23c. DATE SIGNED <b>10-13-52</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>10/14/52</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Mt. Olivet</b>	
		24d. LOCATION (City, town, or county) <b>Kansas City</b>		(State) <b>Mo.</b>	

DATE REC'D BY LOCAL REG. <b>10-13-52</b>		REGISTRAR'S SIGNATURE <b>Heraldine Smith</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>John P. Sheil</b>	
				ADDRESS <b>K.C.M.</b>	

(Licensed Embalmer's Statement on Reverse Side)

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 *Richard C. Carroll* .....

Licensed Embalmer No. *4829* .....

P. O. Address *K.C. 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, fact should be so stated above.