

FILED SEP 11 1956

STANDARD CERTIFICATE OF DEATH

27067
STATE FILE NUMBER

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 3689

1. PLACE OF DEATH				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)			
a. COUNTY Jackson		b. CITY (If outside corporate limits, give TOWNSHIP only) Inside Limits OR TOWN Kansas City Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		a. STATE MISSOURI		b. COUNTY Jackson	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 3016 DeGraff Way		Length of stay in 1b 76 YEARS		c. CITY OR TOWN 114 Kansas City 34th		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First Middle Last JAMES EDWARD NICHOLSON				4. DATE OF DEATH August 20, 1956			
5. SEX Male		6. COLOR OR RACE white		7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH DEC. 7, 1976	
9. AGE (In yrs. last birthday) 79		IF UNDER 1 YEAR Months Days		IF UNDER 24 HRS. Hours Min.			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) RETIRED - 6 YRS - PAINTER DECORATOR		10b. KIND OF BUSINESS OR INDUSTRY T. W. McCAATH CO.		11. BIRTHPLACE (City and state or country) MINNESOTA		12. CITIZEN OF WHAT COUNTRY? U. S. A.	
13. FATHER'S NAME HENRY NICHOLSON				14. MOTHER'S MAIDEN NAME UNKNOWN			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yrs. give war or dates of service) No		16. SOCIAL SECURITY NO. UNK.		17. INFORMANT Address Mrs. Bertie C. Nicholson 3016 DeGraff Way Kansas City Mo.			
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]						INTERVAL BETWEEN ONSET AND DEATH	
PART I. DEATH WAS CAUSED BY:							
IMMEDIATE CAUSE (a) Cerebral thrombosis						9 day	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.						?	
DUE TO (b) Arterio-sclerosis						332x	
DUE TO (c)							
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a)						19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>			20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)				
20c. TIME OF INJURY Hour Month, Day, Year a. m. p. m.							
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION		COUNTY STATE	
21. I attended the deceased from Aug 8 - 56 to Aug 19 56 last saw her/him alive on Aug 19 - 56 Death occurred at 3:45 P. M. on the date stated above; and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE Wm. R. Jackson (degree or title)				22b. ADDRESS 1107 Bryant Blvd		22c. DATE SIGNED 7/20/56	
23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		23b. DATE AUG. 22 1956		23c. NAME OF CEMETERY OR CREMATORY MEMORIAL PARK CEMETERY		23d. LOCATION (City, town, or county) Kansas City Missouri	
24. FUNERAL DIRECTOR Q. W. Newcomer's Sons				ADDRESS 1321 Bank Club K. C. Mo.		25. DATE RECD. BY LOCAL REG. 8-22-56	
26. REGISTRAR'S SIGNATURE Near Minshall							

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

Diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes. Doctor, coroner, etc. must use only standard nomenclature in item 18. If any symptoms or signs are noted, they must be stated in Part I.

(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 em-
by me, or by, Student Embalmer No.....
working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed *Chester H Brown*

Licensed Embalmer No. *49*

P. O. Address *LR 4*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (to comply with the above constitutes grounds for revocation of license).
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.