

Registration District No. **399**

Primary Registration District No. **1002**

Registrar's No. **4311**

1. PLACE OF DEATH: **2**
(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:
2314 Michigan
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
(Specify whether years, months or days)
In this community **13 years**

3. (a) PRINT FULL NAME **Nellie Smith**
3. (b) If veteran, name war **No**
3. (c) Social Security No. **None**

4. Sex **Fe** 5. Color or race **Col.**
6. (a) Single, widowed, married, divorced **Widowed**
6. (b) Name of husband or wife **John Smith**
6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased **Sept. 18, 1880**
(Month) (Day) (Year)

8. AGE: Years **59** Months **1** Days **21**
If less than one day hr. _____ min. _____

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

10. Usual occupation **At Home**

11. Industry or business _____

MOTHER FATHER
12. Name **Patrick Collins**
13. Birthplace **Unknown**
(City, town, or county) (State or foreign country)
14. Maiden name **Mary**
15. Birthplace **Unknown**
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature **Dansy Christopher**
(b) Address **2314 Michigan**

17. (a) **Burial** (b) Date thereof **11-13-39**
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation **Highland**

18. (a) Signature of funeral director **Walter Bros.**
(b) Address **1729 Lydia**
19. (a) **Nov 11 1939** (b) **M. M. Crow**
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED: **1**
(a) State **Missouri** (b) County **Jackson**
(c) City or town **Kansas City**
(If outside city or town limits, write "RURAL")
(d) Street No. **2314 Michigan**
(If rural, give location)
(e) If foreign born, how long in U. S. A. ? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **November** day **9**
year **1939** hour _____ minute **8 A. M.**

21. I hereby certify that I attended the deceased from **9-15-39**, 1939, to **11-9-39**, 1939, that I last saw her alive on **11-9-39**, and that death occurred on the date and hour stated above.

Immediate cause of death **Carcinoma of Stomach**
Due to **Age**
Due to **4th**

Other conditions **none**
(Include pregnancy within 3 months of death)

Major findings: Of operations _____
Of autopsy **no**

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, on farm, in industrial place, in public place? **1**

While at work? _____ (Specify type of place) (e) Means of injury _____
23. Signature **J. J. [unclear]** (M. D. or other)
Address **2308 E-18th** Date signed **11-11-39**

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

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

Isaac Jerome Manlove

Licensed Embalmer No.

3994

P. O. Address

1729 Lydia

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.