FILED FEB 26 1940

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

1383
Do not use this space.

1. PLACE OF DEATH

(a) County Jackson 2 Registration District No. 399

(b) Township Kaw Primary Registration District No. 1002 Registered No. 368

(c) City Kansas City Mo (d) Street No. 1620 East 24th Ave St.
(If death occurred in Hospital or Institution, write its name instead of street and number)

(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Carrie Nunley 5 8 (2)

(a) Residence, No. 1620 East 24th Ave St.
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX F
4. COLOR OR RACE Col
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Single

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Unknown

7. AGE Years About 57 Months — Days — If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.
9. Industry or business in which work was done, as saw mill, bank, etc. At Home
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri 0

FATHER
13. NAME Bob Nunley 0
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri 9

MOTHER
15. MAIDEN NAME Unknown
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown

17. INFORMANT (ADDRESS) Mrs. Carrie McClain 2421 Park Ave

18. BURIAL, CREMATION, OR REMOVAL
PLACE Highland Cemetery DATE Jan 25 1940

19. FUNERAL DIRECTOR (NAME) B. L. Graham (ADDRESS) 2208 Vine St.

20. FILED Jan. 25, 1940 M. M. Crowe
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 1-18-40, 19

22. I HEREBY CERTIFY, That I attended deceased from ....., 19...., to ....., 19.....
I last saw him alive on ....., 19..... Death is said to have occurred on the date stated above, at 9 p.m.
The principal cause of death and related causes of importance were as follows:

Deputy Co. 2nd & 3rd Day Burns Body 180

Date of onset

Other contributory causes of importance:

Name of operation ..... Date of .....
What test confirmed diagnosis? Nsp Was there an autopsy?

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? Accident Date of injury 1-18-40 19
Where did injury occur? Home Kan (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. Home House Burned down
Manner of injury Burn & burned
Nature of injury House Burned

24. Was disease or injury in any way related to occupation of deceased?
If so, specify
(Signed) Russell W. Kern 5, M. D.
(Address) K. Cu

(Licensed Embalmer's Statement on Reverse Side)

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, B. L. Graham, or by .....,

Registered Apprentice No....., working under my personal supervision.

Signed B. L. Graham

Licensed Embalmer No. 2540

P. O. Address 2208 Vine St.

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.