

APR 12 1940
Registration District No. 399Primary Registration District No. 1002Registrar's No. 1140

1. PLACE OF DEATH:

(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: St. Joseph Hospital,
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution about a week,
 (Specify whether
 In this community Unknown,
 years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri, (b) County Jackson,
 (c) City or town Kansas City,
 (If outside city or town limits, write "RURAL")
 (d) Street No. 3524 Central St.,
 (If rural, give location)
 (e) If foreign born, how long in U. S. A.? NO. years.

3. (a) PRINT FULL NAME Mrs. Nina Barrett Couse, 1808. (b) If veteran, name war no. 8. (c) Social Security No. no.4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Divorced,6. (b) Name of husband or wife Unknown, 6. (c) Age of husband or wife if alive X years7. Birth date of deceased June 10 1872
(Month) (Day) (Year)8. AGE: Years Months Days If less than one day
67 9 3 hr. min.9. Birthplace Kansas,
(City, town, or county) (State or foreign country)10. Usual occupation at home,11. Industry or business XMOTHER FATHER { 12. Name Unknown, 9
13. Birthplace Unknown,
(City, town, or county) (State or foreign country)14. Maiden name Unknown,
15. Birthplace Unknown,
(City, town, or county) (State or foreign country)16. (a) Informant's own signature Mrs. William Taylor,
(b) Address 3524 Central St., Kansas City, Mo.17. (a) Cremation (b) Date thereof 3-5-40
(Burial, cremation, or removal) (Month) (Day) (Year)(c) Place: burial or cremation Elimwood Cemetery18. (a) Signature of funeral director Stine & McClure,(b) Address 3235 Gillham Plaza, K. C., Mo.
3-13-4019. (a) 3-13-40 (b) M. M. Couse
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 13th,
year 1940 hour 8:15 minute A. M.21. I hereby certify that I attended the deceased from Feb
21st, 1940, to March 13, 1940;
that I last saw him alive on _____, 1940;
and that death occurred on the date and hour stated above.Immediate cause of death Acute Pneumonia -Duration
1 weekDue to Acute myocarditis
Respiratory failureDue to Chronic NephritisOther conditions 191
(Include pregnancy within 3 months of death)Major findings:
Of operations _____

Of autopsy _____

PHYSICIAN

Underline the cause to which death should be charged statistically

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?

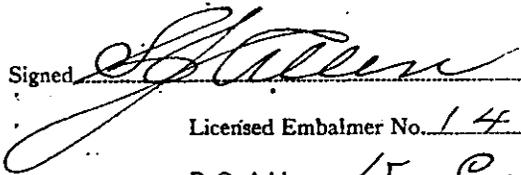
While at work? _____ (Specify type of place)
(e) Means of injury 123. Signature P. P. [Signature] (M. D. or other)Address 1225 [Address] Date signed 3/13/40

Dr. A. C. Griffith

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



Licensed Embalmer No. 1410

P. O. Address 17, E. 17th

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.

FILL IN ANSWERS TO ALL SPACES
CHECKED IN RED PENCIL.

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

9706
Do not use this space.

1. PLACE OF DEATH

(a) County..... Registration District No.....
(b) Township..... Primary Registration District No..... Registered No. 1140
(c) City..... (d) Street No. 3524 Central 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

Mrs. Nina Barrett Louise
(a) Residence, No. St. (If nonresident, give city or town and State)
(Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female
4. COLOR OR RACE
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write this word)

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

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

7. AGE YEARS MONTHS DAYS If LESS than 1 day,hrs. ormin.
67 9 3

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.

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)

13. NAME

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

15. MAIDEN NAME

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

17. INFORMANT (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL

PLACE DATE

19. FUNERAL DIRECTOR (ADDRESS)

20. FILED 7/13 1940 M. M. Brown Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 13, 1940

22. I HEREBY CERTIFY, That I attended deceased from to, 19.....

I last saw h..... alive on, 19..... Death is said to have occurred on the day stated above, at..... m.

The principal cause of death and related causes of importance were as follows:

Acute Pericarditis
131

Other contributory causes of importance:

Chronic interstitial nephritis

Name of operation..... Date of.....

What test confirmed diagnosis?..... Was there an autopsy?.....

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide?..... Date of injury....., 19.....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury.....

Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased?.....

If so, specify

(Signed) M. D.

(Address)

SUPPLEMENTARY

REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETED AS PRESCRIBED BY LAW.
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.

1940
S-9706