

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED SEP 5 1940 1940
1492

State File No. 27648
Registrar's No. 3282

Registration District No. _____ Primary Registration District No. 1002

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:
432 East 71 St Terrace
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community 5 Years
years, months or days

3. (a) PRINT FULL NAME Lucy Jane Mc Nabb
8. (b) If veteran, name war No
3. (c) Social Security No. No

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Wid
6. (b) Name of husband or wife David B Mc Nabb 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased June 17 1860
(Month) (Day) (Year)
8. AGE: Years Months Days If less than one day
80 2 2 hr. _____ min.

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

10. Usual occupation None

11. Industry or business _____

MOTHER FATHER { 12. Name Aaron Shobe
13. Birthplace Virginia
(City, town, or county) (State or foreign country)
14. Maiden name Elizabeth Harter
15. Birthplace Ohio
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Daniel M. Mc Inturff

(b) Address 432 East 71 St Terrace

17. (a) Removal (b) Date thereof August 19 1940
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Osgood Missouri

18. (a) Signature of funeral director Mrs. C.L. Forster

(b) Address Kansas City Mo. 918 Brooklyn

19. (a) Aug. 19, 1940 (b) M. M. Craze
(Date received local registrar) (Registrar's signature)

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. 432 East 71 St.
(If rural, give location)
(e) If foreign born, how long in U. S. A. ? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug day 19
year 1940 hour 7 minute 10 A. M.

21. I hereby certify that I attended the deceased from 1937 to Aug 19 1940
that I last saw him alive on Aug 17 1940
and that death occurred on the date and hour stated above.

Immediate cause of death Septic Myocarditis
Duration 8/1/40

Due to _____

Due to _____
Other conditions Essential Hypertension 1937
(Include pregnancy within 3 months of death)

PHYSICIAN _____
Major findings:
Of operations Y
Of autopsy X
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 _____
23. Signature M. M. Craze (M. D. or other)
Address 612 Professional Bldg Date signed 8/19/40

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

OCT 31 1953

We see by a margin

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 *Theron A. Redman*

Licensed Embalmer No. *2737*

P. O. Address *P.O. no.*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to complete the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.