

Registration District No. **399**

Primary Registration District No. **1002**

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.

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: 3518 Terrace
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution no. 20
In this community 24 years
years, months or days (Specify whether)

3. (a) PRINT FULL NAME John Cuming Nourse
8. (b) If veteran, name war No. **8. (c) Social Security** No. No.

4. Sex Male **5. Color or race** White **6. (a) Single, widowed, married, divorced** Married
6. (b) Name of husband or wife Leah Nourse **6. (c) Age of husband or wife if alive** 53 years
7. Birth date of deceased September 2 1885
(Month) (Day) (Year)

8. AGE: Years 55 Months 2 Days 22 If less than one day hr. min.

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

10. Usual occupation Executive

11. Industry or business Oil

12. Name Alvin LeBrun Nourse

13. Birthplace Michigan
(City, town, or county) (State or foreign country)

14. Maiden name Frances Cuming
(City, town, or county) (State or foreign country)

15. Birthplace Michigan
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature Mrs. Leah Nourse

(b) Address 3518 Terrace, Kansas City, Mo.

17. (a) Cremation 11-26-40 **(b) Date thereof** 11-26-40
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Mt. Moriah Pantheon

18. (a) Signature of funeral director Stine & McClure

(b) Address 3235 Gillham Plaza, K. C., Mo.

19. (a) 11-25-40 **(b) M. M. Brown**
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri, (b) County Jackson,
City or town Kansas City,
(If outside city or town limits, write "RURAL")
(c) Street No. 3518 Terrace,
(If rural, give location)
(e) If foreign born, how long in U. S. A.? no. years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month November day 24th,
year 1940 hour 3:00 minute A. M.

21. I hereby certify that I attended the deceased from June
1940 to 11/24 1940
that I last saw him in alive on 11/24 1940
and that death occurred on the date and hour stated above.

Immediate cause of death
Amphotrophic Lateral Sclerosis Syrn.

Due to _____
Due to Terminal Bronchial Pneumonia

Other conditions Terminal Bronchial Pneumonia 1 day
(Include pregnancy within 3 months of death)

Major findings:
Of operations _____

Of autopsy Not conclusive to date

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 Alvin LeBrun Nourse (M. D. or other) _____

Address 1200 Professional Bldg **Date signed** 11/25/40

Duration
PHYSICIAN
Underline the cause to which death should be charged statistically

Dr. Hashinger,

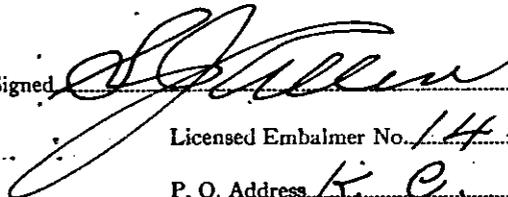
Proff 181.04
9 to 4

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. 1415-

P. O. Address K. C. Mo

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.