

No. 2
11-10-39
-17-39
I X21492

REC FEB 17 1941

Registration District No. 401

Primary Registration District No. 5-3-5-6

Registrar's No. _____

1. PLACE OF DEATH:

(a) County Jackson
(b) City or town Grainvalley BFD
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
1 mi South of Tarsney, 1 Van Buren
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
(Specify whether _____)
In this community 2 Weeks
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Jackson HS
(c) City or town Grainvalley - BFD
(If outside city or town limits, write "RURAL")
(d) Street No. 1 mi S of Tarsney
(If rural, give location) 0
(e) If foreign born, how long in U. S. A.? _____ years.

3. (a) PRINT FULL NAME Nancy Elizabeth Pine
(b) If veteran, name war _____ (c) Social Security No. Mo

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Jan day 11
year 41 hour 1 minute 05 P. M.

4. Sex F 5. Color or race W 6. (a) Single, widowed, married, divorced Widowed
7. Birth date of deceased April 30 1860
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from Jan 8, 1941, to Jan 11, 1941;
that I last saw her alive on Jan 10, 1941;
and that death occurred on the date and hour stated above.

8. AGE: Years 80 Months 8 Days 28 If less than one day hr. _____ min. _____

Immediate cause of death Bronchial Pneumonia
Duration 2 days

9. Birthplace Clay Co. Mo
(City, town, or county) (State or foreign country)

Due to arterio sclerosis
Due to Chr. myocarditis

10. Usual occupation Home work

Other conditions (Include pregnancy within 3 months of death) 9.25

11. Industry or business Home
12. Name (Unknown) - Weese
18. Birthplace Unknown Unknown
(City, town, or county) (State or foreign country)
14. Maiden name Unknown
15. Birthplace Unknown Unknown
(City, town, or county) (State or foreign country)

Major findings: Of operations _____
Of autopsy _____

16. (a) Informant Archie J. Jesse
(b) Address California Mo

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) _____
(b) Date of occurrence _____

17. (a) Burial (b) Date thereof 1-13-41
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Lee's Summit Mo

(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? 363
(Specify type of place) _____
While at work? _____ (e) Means of injury _____

18. (a) Signature of funeral director H. B. Langford
(b) Address Lee's Summit Mo
19. (a) Jan 12/41 (b) Vernie E. Yankin
(If received local registrar) (Registrar's signature)

23. Signature G. W. Murray (M. D. or other) 0
Address Plouant Hill, Mo Date signed 1/11/41

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

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 W. B. Langford
Licensed Embalmer No. 3833
P. O. Address Lee's Summit

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.