

13-40
7-39
X23159

FILED NOV 13 1941

Registration District No. 375

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:
3534 Wabash Avenue
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution -
(Specify whether
In this community 31 Years /
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson ⁰⁴⁸
(c) City or town Kansas City ⁹
(If outside city or town limits, write "RURAL")
(d) Street No. 3534 Wabash Avenue
(If rural, give location)
(e) If foreign born, how long in U. S. A.? - - - - ⁰ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 26th
year 1941 hour 11 minute 51 A. M.
21. I hereby certify that I attended the deceased from - Oct 20
1941 to Oct 26 1941;
that I last saw her alive on Oct 26 1941;
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Cerebrovascular
Duration

Due to arteriosclerosis

Due to 836

Other conditions -
(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 X
23. Signature Herbert L. Mantz (M. D. or other) MD
Address - Date signed -

3. (a) PRINT FULL NAME Mrs. Nellie M Millis

3. (b) If veteran, name war No 3. (c) Social Security No. None

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Mr. W. Millis 6. (c) Age of husband or wife if alive 82 years

7. Birth date of deceased December 11 1861
(Month) (Day) (Year)

8. AGE: Years 79 Months 10 Days 15 If less than one day hr. min.

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

10. Usual occupation Housewife

11. Industry or business -

12. Name Noah Webster Beery

13. Birthplace Unknown Ohio
(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. M. Millis

(b) Address 3534 Wabash

17. (a) Burial (b) Date thereof ad 28 41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial of deposition Leavenworth, Kansas

18. (a) Signature of funeral director J. H. Newcomer's son

(b) Address 10401 Brush Creek Blvd

19. (a) 10/28/41 (b) M. M. Crowe
(Date received local registrar) (Registrar's signature)

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

2-5-0
410

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 *C. Hervey Quisenberry*

Licensed Embalmer No. *4070*

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, fact should be so stated above.