

Registration District No. 149

Primary Registration District No. 1002

Registrar's No. 1031

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:
The George H. Nettleton Home, 4
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution x since 1931
(Specify whether
In this community since 1931
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. The George H. Nettleton Home
(If rural, give location)
(e) Citizen of foreign country? x (Yes or No)
If yes, name country x

3. (a) PRINT FULL NAME Miss Amanda Wade,

3. (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 Single
6. (b) Name of husband or wife x 6. (c) Age of husband or wife if alive x years
7. Birth date of deceased February 3 1860
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
83 1 29 hr. min.

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

10. Usual occupation at home,

11. Industry or business x

MOTHER FATHER } 12. Name Lorenzo Wade,
13. Birthplace Kentucky
(City, town, or county) (State or foreign country)
14. Maiden name Mary Richards
15. Birthplace Illinois,
(City, town, or county) (State or foreign country)

16. (a) Informant Charles McClure,

(b) Address 2228 Fielston Road, Kansas City, Kas

17. (a) Burial (b) Date thereof 4-5-43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Elmwood Cemetery,

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

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

19. (a) 4-5-43 (b) M. M. Brown
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 2nd
year 1943 hour 2:40 minute P.M.

21. I hereby certify that I attended the deceased from March 10 1943 to April 2 1943
that I last saw her alive on April 2 1943
and that death occurred on the date and hour stated above.
Immediate cause of death arteriosclerosis

Due to Advanced years + senility 97
Due to

Other conditions Hypostatic Pneumonia 4 days
(Include pregnancy within 6 months of death)

PHYSICIAN
Major findings:
Of operations
Of autopsy
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 John L. Lapp (M. D. or other) M.D.
Address 1314 Professional Bldg Date signed Apr 2-43

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

Dr. John Lapp

John Lapp
1118 N.

1314

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 *15 P. 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.