

FILED JUL 8 1943

Registration District No. 149

Primary Registration District No. 1002

Registrar's No. 2815

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:  
1025 West 58th Street  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution no. (Specify whether years, months or days)

In this community all her life (Specify whether 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. 1025 West 58th Street  
(If rural, give location)

(e) Citizen of foreign country? no. (Yes or No)

If yes, name country X

3. (a) PRINT FULL NAME Miss Nancy Townley Culbertson

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 October 23 1915  
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<u>27</u>	<u>7</u>	<u>28</u>	min.

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

10. Usual occupation at home

11. Industry or business EX

12. Name Townley Culbertson

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

14. Maiden name Nancy Lee Scruggs

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

16. (a) Informant Mrs. Townley Culbertson

(b) Address 1025 West 58th St., K. C., Mo.

17. (a) Burial (b) Date thereof 6-23-43  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Forest Hill Cemetery

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

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

19. (a) 6-23-43 (b) J. E. Brown  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 21st, year 1943 hour 4:00 minute P. M.

21. I hereby certify that I attended the deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_;

that I last saw him \_\_\_\_\_ alive on \_\_\_\_\_, 19\_\_\_\_; and that death occurred on the date and hour stated above.

Immediate cause of death Acute Bronchopneumonia Duration 2 days

Due to Edema of lungs 107

Due to Chronic malnutrition

Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Major findings: Of operations \_\_\_\_\_

Of autopsy None

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 Raphael M.D. (M. D. or other)

Address 315 Arden Road Date signed June 22 1943

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

MOTHER FATHER

Dr. Ralph Major

315 aligned  
Med Polyzona

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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.....

*J. Clair Sheppard*

Licensed Embalmer No. *4179*

P. O. Address *H. 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.