

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

FILED FEB 20 1948 49
Registration District No. _____

Primary Registration District No. 1002

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

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:
4706 BELLEVIEW AVENUE /
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
48 YEARS
In this community _____ (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. 4706 BELLEVIEW AVENUE
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME MR. JOHN ROLLAND NONEMAKER

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

4. Sex MALE 5. Color or race WHITE 6. (a) Single, widowed, married, divorced SINGLE
6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased DECEMBER - 1876
(Month) (Day) (Year)

8. AGE: Years 71 Months 2 Days - If less than one day _____ hr. _____ min.

9. Birthplace PLAIN CITY OHIO /
(City, town, or county) (State or foreign country)

10. Usual occupation RETIRED-12 YEARS - OWNER

11. Industry or business CAB COMPANY

12. Name SAMUEL SHIM NONEMAKER

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

14. Maiden name ETHEL LINDA BROBECK

15. Birthplace UNION COUNTY OHIO /
(City, town, or county) (State or foreign country)

16. (a) Informant MRS. DORA OLIVER

(b) Address 4632 LIBERTY STREET

17. (a) BURIAL (b) Date thereof FEB 14 1948
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation FLOREAL HILLS CEMETERY

18. (a) Signature of funeral director D. H. Newsome, Iowa

(b) Address 1401 BRUSH CREEK BLVD.

19. (a) 2-14-48 (b) D. Haldine Home
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month FEBRUARY day 12
year 1948 hour 6 minute 00 P.M.

21. I hereby certify that I attended the deceased from 2-10-
1948 to 2-12-1948
that I last saw him alive on 2-12-1948
and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma of prostate gland with general metastases Duration _____
Due to _____
Due to _____

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

Major findings:

Of operations 0

Of autopsy 0

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) no

(b) Date of occurrence 0

(c) Where did injury occur? 0
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work? 0 (Specify type of place) (e) Means of injury 0

23. Signature D. W. P. Miller (M. D. or other) _____

Address 800 Argyle Bldg Date signed 2-13-48

6328 Baltimore

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 *R. J. Nofsinger*

Licensed Embalmer No. *3958*

P. O. Address *Garwood City, 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.