S. No. 300
M—10-47
v. 5-17-39
I 3906

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics
FILED APR 17 1948

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 112941

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 1385

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: 3638 Flora 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 7 Years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson 48

(c) City or town Kansas City 3
(If outside city or town limits, write "RURAL")

(d) Street No. 3638 Flora Avenue 8
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No) 0

If yes, name country

3. (a) PRINT FULL NAME MRS. NANCY C. WALDRIP

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 Rev. Marion Nelson Waldrip

6. (c) Age of husband or wife if alive 75 years

7. Birth date of deceased Oct. 20, 1875
(Month) (Day) (Year)

8. AGE: Years 72 Months 5 Days 7 If less than one day hr. min.

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

10. Usual occupation At Home

11. Industry or business

FATHER
12. Name Green B. Herron
13. Birthplace North Carolina
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Susan Perry
15. Birthplace Arkansas
(City, town, or county) (State or foreign country)

16. (a) Informant Rev. Marion Nelson Waldrip
(b) Address 3638 Flora, Kansas City, Mo.

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 3-29-48 (Month) (Day) (Year)
(c) Place: burial or cremation Siloam Springs, Ark.

18. (a) Signature of funeral director Freeman Mortuary
(b) Address Kansas City, Missouri

19. (a) 3-29-48 (Date received local registrar) (b) Geraldine Holmes (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Mar day 27
year 1948 hour minute 7P M.

21. I hereby certify that I attended the deceased from Jan, 1948, to Mar 27, 1948
that I last saw her alive on Mar 27, 1948
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Hemorrhage

Due to Hypertension

Due to

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations 830

Of autopsy

Duration

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?
(Specify type of place)

While at work? (e) Means of injury 0

23. Signature [signature] (M. D. or other)

Address 303 Northwest Bldg Date signed 3-28-48

(Licensed Embalmer's Statement on Reverse Side)

[illegible]
300 W. [illegible]
Room 324

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 Elmer C. Wedelin

Licensed Embalmer No. 3495

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.