No. 300
M—10-47
5-17-39
I 3906

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics
FILED AUG 26 1948

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

26507

State File No.

Registration District No. 149

Primary Registration District No. 1002

Registrar's No. 3204

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: 0
St Joseph Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 1 week (Specify whether
In this community 65 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. 2207 E Meyer 8
(If rural, give location)

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

If yes, name country

3. (a) PRINT FULL NAME CHARLES DAVID NETHERTON

3. (b) If veteran, name war no

3. (c) Social Security No. unknown

4. Sex male 0

5. Color or race white

6. (a) Single, widowed, married, divorced mar. 1

6. (b) Name of husband or wife Laura Belle

6. (c) Age of husband or wife if alive 72 years

7. Birth date of deceased March 18 1871
(Month) (Day) (Year)

8. AGE: Years 77 Months 4 Days ~~18~~ 17 If less than one day hr. min.

9. Birthplace Polk County (City, town, or county) Mo. 0 (State or foreign country)

10. Usual occupation Retired Steel Worker

11. Industry or business Sheffield Steel

FATHER
12. Name Jack Netherton
13. Birthplace (City, town, or county) Tenn 1 (State or foreign country)

MOTHER
14. Maiden name Mary Mc Intosh
15. Birthplace (City, town, or county) Unknown 9 (State or foreign country)

16. (a) Informant Hazel Miller

(b) Address 2207 E Meyer

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 8-7-1948 (Month) (Day) (Year)

(c) Place: burial or cremation Mt Washington

18. (a) Signature of funeral director C.H.Blackman & Son, Inc.

(b) Address 2825 Independence Blvd.

19. (a) 8-6-48 (Date received local registrar) (b) Geraldine Holmes (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug day 5
year 1948 hour 1 minute 30 A M.

21. I hereby certify that I attended the deceased from April 8, 1948, to Aug 5, 1948
that I last saw her alive on Aug 4, 1948
and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Cancer of Rectum	yes
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death) 46 d	

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

23. Signature [illegible] (M. D. or other) M. D.
Address [illegible] Date signed Aug 6 48

(Licensed Embalmer's Statement on Reverse Side)

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 O. K. McFarland

Licensed Embalmer No. 4397

P. O. Address Kansas 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.