

FILED JAN 21 1950

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **1308**  
Registrar's No. **44**

BIRTH NO. _____		REG. DIST. NO. <b>149</b>		PRIMARY REG. DIST. NO. <b>1002</b>		Registrar's No. _____	
1. PLACE OF DEATH a. COUNTY <b>JACKSON</b>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>MISSOURI</b> b. COUNTY <b>JACKSON</b>			
b. CITY (If outside corporate limits, write RURAL and give town) <b>KANSAS CITY</b>		c. LENGTH OF STAY (in this place) <b>15 YEARS</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>KANSAS CITY 28th</b>		d. STREET ADDRESS (If rural, give location) <b>12 WEST 70<sup>TH</sup> STREET TERRACE</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>12 WEST 70<sup>TH</sup> STREET TERRACE</b>				d. STREET ADDRESS <b>12 WEST 70<sup>TH</sup> STREET TERRACE</b>			
3. NAME OF DECEASED (Type or Print) a. (First) <b>ARTHUR</b> b. (Middle) <b>WILLIAM</b> c. (Last) <b>NITARDY</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>JAN. 3-1950</b>				
5. SEX <b>MALE</b>		*6. COLOR OR RACE <b>WHITE</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>MARRIED</b>		8. DATE OF BIRTH <b>AUG-19-1902</b>	
9. AGE (In years last birthday) <b>47 YEARS</b>		IF UNDER 1 YEAR Months Days Hours Min.		11. BIRTHPLACE (State or foreign country) <b>VERONA, WISCONSIN</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>FOOD DISTRIBUTOR</b>			10b. KIND OF BUSINESS OR INDUSTRY <b>A.W. NITARDY AGENCY</b>			11. BIRTHPLACE (State or foreign country) <b>VERONA, WISCONSIN</b>	
13a. FATHER'S NAME <b>G. C. NITARDY</b>			13b. MOTHER'S MAIDEN NAME <b>CAROLINE E. BACH</b>			14. NAME OF HUSBAND OR WIFE <b>MRS. DORETTA NITARDY</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>		16. SOCIAL SECURITY NO. <b>487-05-8979</b>		17. INFORMANT'S SIGNATURE OR NAME <b>MRS. DORETTA NITARDY</b>			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION 1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Pulmonary Edema</b>					INTERVAL BETWEEN ONSET AND DEATH <b>4 hrs</b>
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (b) <b>Coronary sclerosis with Insufficiency</b>			3 yrs		
		DUE TO (c) <b>Cardio-Vascular-renal disease</b>			3 yrs		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		<b>Hypertension</b>			6 yrs		
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <b>420!</b>					
20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>							
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <b>July 25</b> , 19 <b>46</b> , to <b>Jan 2</b> , 19 <b>50</b> , that I last saw the deceased alive on <b>Jan 2</b> , 1950, and that death occurred at <b>1:05 P. m.</b> , from the causes and on the date stated above.							
23a. SIGNATURE <b>John M. Powers</b> (Degree or title) <b>John M. Powers M.D.</b>				23b. ADDRESS <b>3304 Linwood</b>		23c. DATE SIGNED <b>1/4/50</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE <b>JAN-5-1950</b>		24c. NAME OF CEMETERY OR CREMATORY <b>-</b>		24d. LOCATION (City, town, or county) (State) <b>EDGERTON, WISCONSIN</b>	
DATE REC'D BY LOCAL REG. <b>1-5-50</b>		REGISTRAR'S SIGNATURE <b>E. Waldine Holmes</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>D. H. Newcomer</b>			
				ADDRESS <b>1331- BAUGH CREEK KANSAS CITY, MISSOURI</b>			

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

**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.....

..... Student Embalmer No. ....

working under my personal supervision.

Student .....

Student Embalmer

Signed.....

*Jess T. Deews*

Licensed Embalmer No. *4453*

P. O. Address *Kansas City*

**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.