

REC'D MAY 9 1938

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

13649
Do not use this space.

1. PLACE OF DEATH

(a) County Jackson Registration District No. 399
 (b) Township Kaw Primary Registration District No. 1002 Registered No. 1629
 (c) City Kansas City, Mo. (d) Street No. 3408 Thompson Avenue, K.C., Mo. St.
 (If death occurred in Hospital or Institution, write its name instead of street and number)
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Nancy Ann Stiner, 356

(a) Residence, No. 3408 Thompson Avenue, K.C., Mo. St.
 (Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widow
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Jacob D. Stiner
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov. 25th, 1873
 7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min. 84 4 19
 OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.
 9. Industry or business in which work was done, as saw mill, bank, etc. At Home
 10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation 1

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ohio

FATHER 13. NAME No Record. Daniel Kellison

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) No Record Ohio

MOTHER 15. MAIDEN NAME No Record Celia Andrews

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) No Record Ohio

17. INFORMANT (ADDRESS) Mrs. P. W. Mc Cullough, 1125 West 75th, Terrace, City.

18. BURIAL, CREMATION, OR REMOVAL PLACE Forest Hill DATE April 18th, 1938

19. FUNERAL DIRECTOR (ADDRESS) Mrs. C. L. Forster 918 Brooklyn Avenue, K.C., Mo.

20. FILED Apr 17 1938 M. M. Brown Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 14 1938

22. I HEREBY CERTIFY, That I attended deceased from Mar 20 1938, to Apr 14 1938

I last saw her alive on Mar 20 1938 Death is said to have occurred on the date stated above, at 11 p m.

The principal cause of death and related causes of importance were as follows:

Valvular heart disease mitral, with atherosclerosis
92 a

Other contributory causes of importance:
 Name of operation None Date of None
 What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? _____ Date of injury _____, 19____
 Where did injury occur? _____ (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place.

Manner of injury _____
 Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify _____

(Signed) W. F. Leubertson, M. D.

(Address) 505 P. Ferguson Bldg

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

Dr. Culbertson.

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STATEMENT BY LICENSED EMBALMER

I, _____, Licensed Embalmer No. _____

hereby certify that the body recorded on the reverse side of this certificate was embalmed by _____

_____ L. E. _____

No. _____ or by _____, Registered Apprentice No. _____

working under my personal supervision.

Signed _____

_____ Licensed Embalmer No. _____

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.)