

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

**34860**  
 Do not use this space.

1. PLACE OF DEATH  
 (a) County Jackson Registration District No. 100  
 (b) Township Kaw Primary Registration District No. \_\_\_\_\_  
 (c) City Kansas City, Mo. (d) Street No. 4139 E 10th St. Registered No. 4196 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 Mrs. Nannie Jane Moyer  
 (a) Residence, No. 4139 E 10th St. St.  (If nonresident, give city or town and State)  
 (Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS				
3. SEX <u>F</u>	4. COLOR OR RACE <u>W</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Widowed</u>		
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Chas. C. Moyer</u>				
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>May 8, 1867</u>				
7. AGE	YEARS <u>71</u>	MONTHS <u>5</u>	DAYS <u>18</u>	If LESS than 1 day, _____ hrs. or _____ min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. <u>At Home</u>			
	9. Industry or business in which work was done, as saw mill, bank, etc. _____			
	10. Date deceased last worked at this occupation (month and year) _____		11. Total time (years) spent in this occupation _____	
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Missouri</u>				
FATHER	13. NAME <u>C. D. Bancroft</u>			
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Mass.</u>			
MOTHER	15. MAIDEN NAME <u>Hettie L. Davis</u>			
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Tenn.</u>			
17. INFORMANT <u>G. M. Bancroft,</u> (ADDRESS) <u>Warrensburg, Mo.</u>				
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Memorial Park</u> DATE <u>10-28-38</u>				
19. FUNERAL DIRECTOR (NAME) <u>C.H. Blackman &amp; Son, Inc</u> (ADDRESS) <u>2825 Indep. Blvd. K.C. Mo.</u>				
20. FILED <u>10-27-38</u> <u>M.M. Crause</u> Local Registrar.				

MEDICAL CERTIFICATE OF DEATH	
21. DATE OF DEATH (MONTH, DAY, AND YEAR)	<u>Oct. 26, 1938</u>
22. I HEREBY CERTIFY, That I attended deceased from <u>Jany</u> , 19 <u>36</u> , to <u>Oct</u> , 19 <u>38</u> I last saw her alive on <u>Oct 26</u> , 19 <u>38</u> . Death is said to have occurred on the date stated above, at <u>9:20</u> m. AM The principal cause of death and related causes of importance were as follows: <u>Carcinoma of Cervix</u> <u>4 1/2 in</u> Other contributory causes of importance: <u>Broncho-Pneumonia</u> <u>Oct-38</u> Name of operation <u>None</u> Date of _____ What test confirmed diagnosis? <u>Clinical</u> Was there an autopsy? <u>No</u> 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? <u>No</u> If so, specify <u>Chas. L. Peery</u> , M. D. (Signed) _____ (Address) <u>900 Benton</u>	
Date of onset <u>1936</u>	

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.

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**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.....

Licensed Embalmer No.....

P. O. Address.....

**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, above space should be left blank.**