

REG^d JAN 13 1939

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

41979
Do not use this space.

1. PLACE OF DEATH
 (a) County Jackson Registration District No. 1002
 (b) Township Kaw Primary Registration District No. _____ Registered No. 5045
 (c) City Kansas City (d) Street No. St. Joseph Hospital 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 Gwynn Suzanne Nachman
 (a) Residence, No. 3537 Wayne 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 Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July, 27, 1935

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, _____ hrs. or _____ min.
	<u>3</u>	<u>4</u>	<u>28</u>	

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. none

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) Kansas City
(STATE OR COUNTRY) Kansas

FATHER 13. NAME Lawrence Nachman
14. BIRTHPLACE (CITY OR TOWN) _____
(STATE OR COUNTRY) Missouri

MOTHER 15. MAIDEN NAME Thelma Hayes
16. BIRTHPLACE (CITY OR TOWN) _____
(STATE OR COUNTRY) Missouri

17. INFORMANT Mrs. Thelma Nachman
(ADDRESS) 3537 Wayne

18. BURIAL, CREMATION, OR REMOVAL PLACE Memorial Park DATE 12-27-38 19. _____

19. FUNERAL DIRECTOR (NAME) Freeman Mortuary
(ADDRESS) Kansas City, Mo.

20. FILED 12-27-38 M. M. Crowe, esq.
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 12-25-38, 1938

22. I HEREBY CERTIFY, That I attended deceased from Sept. 1938, to Dec 25, 1938
 I last saw her alive on Dec 25, 1938. Death is said to have occurred on the date stated above, at 9:40 m.
 The principal cause of death and related causes of importance were as follows:

Tri-cuspid Stenosis - Congenital heart
 Date of onset Birth

Other contributory causes of importance:
Bronchitis - Hemorrhage - intestinal
(due to heart condition)
 Date of onset Dec 20
Dec 25
1938

Name of operation _____ Date of _____
 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? _____
 If so, specify Charles Jeldridge M. D.
 (Signed) _____ (Address) 6247 Brookside Blvd
K.C. Mo.

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.

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.