

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

REV. 6-17-39
1-1-1939

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.

FILED FEB 26 1940

Registration District No. **399**

Primary Registration District No. **1002**

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:
K. C. General Hospital No. 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **3 days**
(Specify whether
In this community **1 year**
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Jackson**
(c) City or town **Kansas City**
(If outside city or town limits, write "RURAL")
(d) Street No. **1436 Jarboe**
(If rural, give location)
(e) If foreign born, how long in U. S. A. _____ years.

3. (a) PRINT FULL NAME **NINA MAE COZINE** **250**

3. (b) If veteran, name war **✓** 3. (c) Social Security No. **✓**

4. Sex **Female** 5. Color or race **White** 6. (a) Single, widowed, married, divorced **Single**

6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased **November 5 1937**
(Month) (Day) (Year)

8. AGE: Years **2** Months **1** Days **28** If less than one day hr. _____ min. _____

9. Birthplace **California**
(City, town, or county) (State or foreign country)

10. Usual occupation _____

11. Industry or business _____

MOTHER { 12. Name **Alice Cozine** **Kansas**

13. Birthplace **Kansas**
(City, town, or county) (State or foreign country)

14. Maiden name **Helen Zimler**

15. Birthplace **Kansas**
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature **Mr. Helen Cozine**

(b) Address **1436 Jarboe**

17. (a) **Burial** (b) Date thereof **1/5/40**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Gravelton Cemetery**

18. (a) Signature of funeral director **B. F. Lindsay & Son**

(b) Address **3411 B. F. Lindsay & Son**

19. (a) **Jan. 4, 1940** (b) **M. M. Crowe**
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Jan.** day **3rd**
year **1940** hour **12** minute **35 P.M.**

21. I hereby certify that I attended the deceased from **Jan. 1st** 19____ to **Jan. 3rd 1940** 19____;

that I last saw her alive on **Jan. 3rd, 1940** 19____; and that death occurred on the date and hour stated above.

Immediate cause of death **ACUTE LARYNGO-TRACHEO-BRONCHITIS WITH CONFLUENT BRONCHOPNEUMONIA**

Due to _____

Due to _____

Other conditions **POST OPERATIVE TRACHEOTOMY**
(Include pregnancy within 3 months of death)

Major findings: Of operations _____

Of autopsy **See above**

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) _____ Means of injury _____

23. Signature **P. J. De Maria M.D.** (M. D. or other)

Address **Supt. K. C. Gen. Hospital K. C., Mo.** Date signed _____

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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.....

Ralph E. Miller

Licensed Embalmer No. *4124*

P. O. Address *3811 B'Way - 15. E., Md*

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.