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JUN 17 1940
Registration District No. 299

Primary Registration District No. 1002

State File No. _____
Registrar's No. 2153

1. PLACE OF DEATH: Jackson
(a) County _____
(b) City or town Kansas City, Mo.
(c) Name of hospital or institution: 1135 Norton 2
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
In this community 32 years (Specify whether years, months or days)

3. (a) PRINT FULL NAME Mrs. Nancy Elizabeth Doss 201
3. (b) If veteran, name war None
3. (c) Social Security No. None

4. Sex F 5. Color or race W
6. (a) Single, widowed, married, divorced Widow
6. (b) Name of husband or wife Bushrod Doss
6. (c) Age of husband or wife if alive -- years
7. Birth date of deceased Mar. 9th, 1862
(Month) (Day) (Year)

8. AGE: Years 78 Months 2 Days 15
If less than one day hr. _____ min _____

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

10. Usual occupation Homemaker 4

11. Industry or business At Home

MOTHER FATHER { 12. Name Jason Muse 1
13. Birthplace Scotland
(City, town, or county) (State or foreign country)
14. Maiden name Sarah Ortner
15. Birthplace Tenn.
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Inez Gibson,
(b) Address 1135 Norton, K.C. Mo.

17. (a) Burial (b) Date thereof May 27-40
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Sni Mills, Mo.

18. (a) Signature of funeral director C.H. Blackman & Son, Inc
(b) Address 2825 Indep. Blvd. K.C. Mo.

19. (a) May 26, 1940 (b) M. M. Crowe
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Jackson
(c) City or town Kansas City, Mo.
(If outside city or town limits write "RURAL")
(d) Street No. 1135 Norton
(If rural, give location)
(e) If foreign born, how long in U. S. A. ? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 21st
year 1940 hour 4 minute 24 P. M.

21. I hereby certify that I attended the deceased from May 19 1940 May 24 1940
that I last saw her alive on May 20 1940
and that death occurred on the date and hour stated above.

Immediate cause of death Terminal Pneumonia
Due to Hyperstatic condition 5 day
Due to Chronic arthritis
N. M. O.
Other conditions no
(Include pregnancy within 3 months of death)

Duration
Underline the cause to which death should be charged statistically.

PHYSICIAN
Major findings: no
Of operations _____
Of autopsy no

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) no
(b) Date of occurrence no
(c) Where did injury occur? no (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? no
While at work? no (Specify type of place) (e) Means of injury no
23. Signature J. J. Mackery
Address Business City, Mo. Date signed 5-25-40

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

Dr Mackey,

Prof. Bldg.

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 W.D. Blackman

Licensed Embalmer No. 3639

P. O. Address R. C. Mo

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.