

Registration District No. 399

Primary Registration District No. 1002

Registrar's No.

1. PLACE OF DEATH:

(a) County Jackson  
(b) City or town K. C. Mo.  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: No. 2400 E. 15h St. 2  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution No. (Specify whether  
In this community 20 Years.  
years, months or days)

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. 2400 East 15th, K.C. Mo.  
(If rural, give location)  
(e) If foreign born, how long in U. S. A.? \_\_\_\_\_ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 1st,  
year 1940 hour \_\_\_\_\_ minute 9; A.M./P.M.

21. I hereby certify that I attended the deceased from Saturday  
July 13 1940 to July 31 1940  
that I last saw her alive on July 31, 1940  
and that death occurred on the date and hour stated above.

Immediate cause of death Pneumonia  
& Edema  
Due to P.B. (probable) of  
Pneumonia  
Due to or Influenza

Duration

Other conditions (Include pregnancy within 3 months of death) 23

Major findings:  
Of operations \_\_\_\_\_  
Of autopsy no

PHYSICIAN

Underline the cause to which death should be charged statistically.

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?

While at work? \_\_\_\_\_ (Specify type of place) \_\_\_\_\_ (Means of injury)  
23. Signature Hugh A. Lindsey (M. D. or other)  
Address 303 W. 15th Date signed \_\_\_\_\_

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

3. (a) PRINT FULL NAME Ruby Nave, 1077

3. (b) If veteran, name war None 3. (c) Social Security No. None

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

6. (b) Name of husband or wife Grover Nave 6. (c) Age of husband or wife if alive 60 years

7. Birth date of deceased August 4th, 1883  
(Month) (Day) (Year)

8. AGE: Years 56 Months 11 Days 27 If less than one day  
hr. min.

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

10. Usual occupation Housewife

11. Industry or business \_\_\_\_\_

12. Name Jeff Skeen

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

14. Maiden name Belle Watson,  
(City, town, or county) (State or foreign country)

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

16. (a) Informant Grover C. Nave,  
(b) Address 2400 East 15th, Str.,

17. (a) Burial (b) Date thereof Aug. 3-40  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation Maywood Cemetery.

18. (a) Signature of funeral director Mrs. C. L. Forster

(b) Address 918 Brooklyn Avenue, K.C. Mo.

19. (a) Aug. 2, 1940 (b) M. M. Brown  
(Date received local registrar) (Registrar's signature)

Dr. Gestring,  
Address Wilkinson Bldg 31 First  
Phone No. 6405

**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 Renzil C. Browning  
Licensed Embalmer No. 2724  
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, fact should be so stated above.**