

3-40  
7-39  
K23159

NOV 12 1940

Registration District No. 227

Primary Registration District No. 1002

Registrar's No. 4152

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:  
627 West 59th Street Terrace,  
(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 25 years,  
years, months or days

3. (a) PRINT FULL NAME Mrs. Nancy J. Raffety,

3. (b) If veteran, name war no.

3. (c) Social Security No. no.

4. Sex Female

5. Color or race White

6. (a) Single, widowed, married, divorced Widowed,

6. (b) Name of husband or wife John J. Raffety,

6. (c) Age of husband or wife if alive X years

7. Birth date of deceased March 17 1855  
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>85</u>	<u>7</u>	<u>12</u>	<u>hr. min.</u>

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

10. Usual occupation at home,

11. Industry or business X

12. Name Keltner,

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

14. Maiden name Unknown,

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

16. (a) Informant Mrs. Hubert R. Boyce,

(b) Address 627 West 59th St. Ter., K.C. Mo

17. (a) Removal, (b) Date thereof 10-31-40  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Norborne, Mo.

18. (a) Signature of funeral director Stine & McClure,

(b) Address 3235 Gillham Plaza, Kansas City, Mo.

19. (a) Oct. 30, 1940 (b) M. M. Grove  
(Date received local registrar) (Registrar's signature)

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. 627 West 59th St. Terrace,  
(If rural, give location)

(e) If foreign born, how long in U. S. A.? No. years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 29th,  
year 1940 hour 6:30 minute P. M.

21. I hereby certify that I attended the deceased from Apr 20,  
1940 to October 29, 19 40  
that I last saw her alive on Sept. 30, 19 40  
and that death occurred on the date and hour stated above.

Immediate cause of death Myocarditis

Due to Arteriosclerosis

Due to 935

Other conditions 935  
(Include pregnancy within 3 months of death)

Major findings:  
Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

Duration Unknown

Duration Unknown

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) no

(b) Date of occurrence \_\_\_\_\_

(c) Where did injury occur? none  
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?  
none

While at work \_\_\_\_\_ (Specify type of place)  
(e) Means of injury

23. Signature M. M. Grove (M. D. or other) \_\_\_\_\_  
Address 210 Argyle Bldg Date signed 10-30-40

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

MOTHER FATHER

Dr. Paul Johnstone,

APR 24 1968

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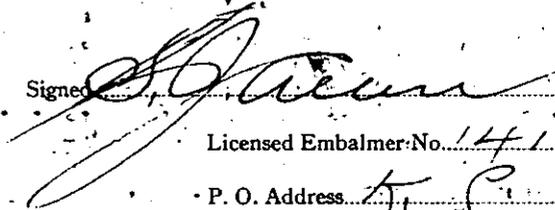
**STATEMENT BY LICENSED EMBALMER**

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. 1415-

P. O. Address K. P. M. O.

**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.