. No. 2
-11-10-39
5-17-39
I X21492

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 37683

Registration District No. 399 Primary Registration District No. 1002 Registrar's No. 4281

DEC 11 1940

1. PLACE OF DEATH:

(a) County Jackson

(b) City or town Kansas City Mo.
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: St. Marys Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution ..... (Specify whether
In this community 21 Yrs.
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. 6758 Penn.
(If rural, give location)

(e) If foreign born, how long in U. S. A.? ..... years.

3. (a) PRINT FULL NAME Frances Conners NOURSE.

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 Married

6. (b) Name of husband or wife Robert Nourse

6. (c) Age of husband or wife if alive 23 years

7. Birth date of deceased April 18th, 1919
(Month) (Day) (Year)

8. AGE: Years 21 Months 6 Days 20 If less than one day ..... hr. ..... min.

9. Birthplace Kansas City (City, town, or county) Missouri (State or foreign country) 0

10. Usual occupation House Wife 0

11. Industry or business 0

FATHER
12. Name John Edward O'Connor.
13. Birthplace Kansas City (City, town, or county) Missouri (State or foreign country)

MOTHER
14. Maiden name Marie Flavin
15. Birthplace Kansas City (City, town, or county) Missouri (State or foreign country)

16. (a) Informant Mr. Robert Nourse
(b) Address 6758 Penn.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 11/11/40 (Month) (Day) (Year)
(c) Place: burial or cremation St. Marys Cemetery

18. (a) Signature of funeral director Mellody-McGilley
(b) Address K. C. Mo.

19. (a) 11-10-40 (Date received local registrar) (b) M. M. Crowe (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 8th year 1940 hour 11:35 minute A. M.

21. I hereby certify that I attended the deceased from Oct 31, 1940 to Nov. 8, 1940 that I last saw her alive on Nov. 8, 1940 and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma of Stomach with generalized peritoneal

Due to Carcinomatosis #6

Due to

Other conditions Pachymeningitis Externa and Interna Hemorrhagica
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy Same as above

Duration: Several months at least

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? (Specify type of place)
While at work? (e) Means of injury 1

23. Signature Carl R Ferris (M. D. or other)
Address 934 Argyle Bldg Date signed Nov. 8, 1940

(Licensed Embalmer's Statement on Reverse Side)

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, [redacted] _____, Registered Apprentice No. 267 working under my personal supervision.

Signed _____

Licensed Embalmer No. 2999

P. O. Address K.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.