

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 3128 Chealera
(If not in hospital or institution, write street number or location) **2**
(d) Length of stay: In hospital or institution 2 (Specify whether life)
In this community life 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. 3128 Chealera (If rural, give location)
(e) If foreign born, how long in U. S. A? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 2
year 1940 hour 6 minute a M.

21. I hereby certify that I attended the deceased from _____, 19____, to Dec 1, 1940
that I last saw her alive on Dec 1, 1940
and that death occurred on the date and hour stated above.
Immediate cause of death Lobar pneumonia Duration 3 weeks

Due to Atrophic arthritis
Due to Chronic myocarditis
Other conditions (Include pregnancy within 3 months of death) 108

Major findings:
Of operations _____
Of autopsy _____

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) _____ (e) Means of injury _____

23. Signature L. K. Wyatt (M. D. or other) _____
Address 3850 Prospect Date signed 12-2-40

3. (a) PRINT FULL NAME Nina R. Stiner
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 Divorced
6. (b) Name of husband or wife Antonoun 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased Oct-6-1888
(Month) (Day) (Year)

8. AGE: Years 52 Months 1 Days 26 If less than one day hr. _____ min. _____

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

10. Usual occupation Home

11. Industry or business _____

MOTHER FATHER { 12. Name Geo. W. Tucker
13. Birthplace Ballitan mo. (City, town, or county) (State or foreign country)
14. Maiden name Jennie A. Robertson
15. Birthplace KS (City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Dorothy M. Gilwee
(b) Address 3128 Chealera
17. (a) Burial (b) Date thereof Dec 4 1940 (Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Maple Hill K.C. Mo.

18. (a) Signature of funeral director Mrs. C. L. Fort
(b) Address 918 Brooklyn K.C. Mo.
19. (a) 12-3-40 (b) M. M. Crowe (Date received local registrar) (Registrar's signature)

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

FILED

WA 6110
N.C.
11/11/11

SSS
Kemp

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: David C. Browning
Licensed Embalmer No. 2724
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, fact should be so stated above.

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 41213-
Registrar's No. 4608

Registration District No. 399

Primary Registration District No. 1002

1. PLACE OF DEATH:

(a) County Jackson
(b) City or town K. C.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether years, months or days)

3. (a) PRINT FULL NAME Nina R. Stener

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

4. Sex 7 5. Color or race W 6. (a) Single, widowed, married, divorced Div

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

7. Birth date of deceased _____ (Month) (Day) (Year)

8. AGE: Years 52 Months 1 Days 25 If less than one day _____ min.

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

10. Usual occupation _____

11. Industry or business _____

12. Name _____

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

14. Maiden name _____

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

16. (a) Informant _____

(b) Address _____

17. (a) _____ (b) Date thereof _____ (Month) (Day) (Year)

(c) Place: burial or cremation _____

18. (a) Signature of funeral director _____

(b) Address _____

19. (a) 1/3/41 (b) M. M. Crown (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State _____ (b) County _____
(c) City or town _____ (If outside city or town limits, write "RURAL")
(d) Street No. _____ (If rural, give location)
(e) Citizen of foreign country _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH, Month Dec day 2 year 1941 hour _____ minute _____ M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____; that I last saw him _____ alive on _____, 19____; and that death occurred on the date and hour stated above. Immediate cause of death _____

Duration _____

Due to _____

Due to _____

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

Major findings: Of operations _____

Of autopsy _____

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) (e) Means of injury _____

23. Signature C. H. W. Galt (M. D. or other) _____

Address 3850 Prospect Date signed _____

SUPPLEMENTARY

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

MOTHER FATHER

S-41215 1940