

No. 2
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. **5731**

MAR 14 1941
Registration District No. **599**

Primary Registration District No. **1002**

Registrar's No. **503**

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

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:
547 Locust Street
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **55 Years**
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED: **48**
(a) State **Missouri** (b) County **Jackson** **3**
(c) City or town **Kansas City** **8**
(If outside city or town limits, write "RURAL")
(d) Street No. **3626 Bales Avenue**
(If rural, give location)
(e) If foreign born, how long in U. S. A.? **0** years.

3. (a) PRINT FULLNAME **Mr. Louis W. Nevill**
(b) If veteran, name war **No**
(c) Social Security No. **487-09-7836**

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month **February** day **1st**
year **1941** hour **4** minute **30 P.** M.

4. Sex **Male** race **White**
5. Color or race **White**
6. (a) Single, widowed, married, divorced **Married**
6. (b) Name of husband or wife **Mrs. Katherine Nevill**
6. (c) Age of husband or wife if alive **54** years
7. Birth date of deceased **December 25 1882**
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from **9:30 am** 19...;
that I last saw **Deputy Coroner** alive on **9:30 am** 19...;
and that death occurred on the date and hour stated above.

8. AGE: Years **58** Months **1** Days **7**
If less than one day hr. min.

Immediate cause of death
Coronary Occlusion
Due to **Coronary Arteriosclerosis**
Due to

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

Other conditions (Include pregnancy within 3 months of death) **94a**

10. Usual occupation **Stationary Engineer**
11. Industry or business **Faultless Starch Co.**

Major findings: Of operations **94b**
Of autopsy

MOTHER FATHER
12. Name **William Nevill**
13. Birthplace **Kansas**
(City, town, or county) (State or foreign country)
14. Maiden name **Alice McClain**
15. Birthplace **Kansas**
(City, town, or county) (State or foreign country)

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) **361**
(b) Date of occurrence
(c) Where did injury occur (City or town) (County) (State)

16. (a) Informant **Mrs. Pathome Nevill**
(b) Address **3626 Bales**

(d) Did injury occur in or about home, on farm, in industrial place, in public place?
(Specify type of place)
(e) Means of injury **3**

17. (a) **Burial** (b) Date thereof **Feb. 4, 1941**
(Burial, cremation, or removal) (Place)
Highland Park Cemetery
(c) Place: burial or cremation **Kansas City, Kansas**

23. Signature **W. H. ...** (M. D. or other)
Address **...** Date signed

18. (a) Signature of funeral director **O. H. Newcomer's Son**
(b) Address **1401 Brush Creek Blvd**
19. (a) **2-3-41** (b) **M. M. ...**
(Date received local registrar) (Registrar's signature)

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

C. Hervey Quisenberry

Licensed Embalmer No.

4070

P. O. Address

H. 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.