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REGISTERED APR 15 1941

Registration District No. 399

Primary Registration District No. 1002

Registrar's No.

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: 3407 Wyandotte
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 47 years
(Specify whether years, months or days)

In this community 47 years

3. (a) PRINT FULL NAME Amelia B. Nagle

3. (b) If veteran, name war No

3. (c) Social Security No. None

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

6. (b) Name of husband or wife Phillip J. Nagle 6. (c) Age of husband or wife if alive years

7. Birth date of deceased October 18, 1871
(Month) (Day) (Year)

8. AGE: Years 69 Months 5 Days 6 If less than one day hr. min.

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

10. Usual occupation At Home

11. Industry or business

12. Name Wenzel W. Klecan

13. Birthplace Naja, Bohemia /
(City, town, or county) (State or foreign country)

14. Maiden name Mary E. Kluner

15. Birthplace Ft. Madison, Iowa /
(City, town, or county) (State or foreign country)

16. (a) Informant Miss Mildred Nagle

(b) Address 3407 Wyandotte

17. (a) Burial (b) Date thereof 3/27/41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Calvary Cemetery

18. (a) Signature of funeral director J. C. ...

(b) Address ...

19. (a) 3/26/41 (b) M. M. Crowe
(Date received local registrar) (Registrar's signature)

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. 3407 Wyandotte
(If rural, give location)

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 24
year 1941 hour 7 minute 00 P. M.

21. I hereby certify that I attended the deceased from Feb 16
19 41 to March 24, 19 41
that I last saw her alive on March 16, 19 41
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary embolism 3.4 weeks

Due to arteriosclerosis year

Due to Hypertensive heart dis year

Other conditions ...

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 John T. Sherman (M. D. or other) M.D.
Address 11402 Broadway Date signed 3-25/41

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

MOTHER FATHER

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.....

Harold Perry

Licensed Embalmer No.....

4097

P. O. Address.....

20 W. Linwood

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.