

No. 2
4-441
17-39
X26390

FILED MAY 16 1941

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 13700
Registrar's No. 1681

Registration District No. 399

Primary Registration District No. 1002

Registrar's No. 1681

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. Joseph Hospital. 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
In this community 58 Yrs. (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson 48
(c) City or town Kansas City Mo.
(If outside city or town limits, write "RURAL")
(d) Street No. 2924 East 30th Street. 3
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or-No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 26th
year 1941 hour 2 minute 50 A.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 _____
Principious pneumonia
Due to Strangulated Hernia
Wankreuth Bowels
Due to Rt. Femoral Hernia
Other conditions 12. 1. 2. 3.
Major findings: Apr 5 - 41 Strangulated
Hernia, Gangrenous Bowel.
Of autopsy _____
PHYSICIAN _____
Underline the cause to which death should be charged statistically.

3. (a) PRINT FULL NAME Mrs. Jennie NEVINS.
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 John Nevins 6. (c) Age of husband or wife if alive 69 years
7. Birth date of deceased November 11 1871
(Month) (Day) (Year)

8. AGE: Years 57 67 Months 5 Days 15
If less than one day hr. _____ min. _____

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

10. Usual occupation At Home

11. Industry or business Housewife

MOTHER FATHER { 12. Name John Landers
13. Birthplace Ireland
(City, town, or county) (State or foreign country)
14. Maiden name Mary Martin
15. Birthplace Ireland
(City, town, or county) (State or foreign country)

16. (a) Informant John Nevins.
(b) Address 2924 East 30th Street.
17. (a) Burial (b) Date thereof 4-28-41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St. Marys Cemetery
18. (a) Signature of funeral director Melody-McGilley.
(b) Address K. C. Mo.

19. (a) Apr 28 1941 (b) M. M. Brown
(Date received local registrar) (Registrar's signature)

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) _____
(b) Date of occurrence Apr 4 - 41
(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) (a) Means of injury _____
23. Signature Dr. J. M. ... (M. D. or other) _____
Address 1902 ... Date signed 4/27-41

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

Amount \$100
Ally
Himm
0

1901

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. 267
working under my personal supervision.

Signed.....

J. H. Ryn
Licensed Embalmer No. 2999

P. O. Address.....
KC

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.