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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. 20663

FILLED JUL 7 1941

Registration District No. 399 Primary Registration District No. 1002 Registrar's No. 2193

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: 1239 Harrison (If not in hospital or institution, write street number or location)

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

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Jackson 04

(c) City or town N.C. (If outside city or town limits, write "RURAL")

(d) Street No. 1239 Harrison (If rural, give location)

(e) Citizen of foreign country? ..... (Yes or No)

If yes, name country .....

3. (a) PRINT FULL NAME GEORGE NESBITT

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

4. Sex O. M 5. Color or race W 6. (a) Single, widowed, married, divorced Widowed

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

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

8. AGE: Years Approx 68 Months X Days X If less than one day ..... hr. ..... min.

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

10. Usual occupation .....

11. Industry or business Labor

FATHER
12. Name unknown
13. Birthplace unknown (City, town, or county) (State or foreign country) 9

MOTHER
14. Maiden name unknown
15. Birthplace unknown (City, town, or county) (State or foreign country) 9

16. (a) Informant George Nesbitt Jr.

(b) Address 1239 Harrison

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 6-1-41 (Month) (Day) (Year)

(c) Place: burial or cremation Greenlawn Cem

18. (a) Signature of funeral director [illegible]

(b) Address [illegible]

19. (a) 6/6/1941 (Date received local registrar) (b) M. M. Crowe (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month ..... day 6-5-41 year ..... hour ..... minute ..... M.

21. I hereby certify that I attended the deceased from 8 15 a. ..... 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

Fatal hemorrhage into the stomach

Due to Aortic aneurysm & rupture into the esophagus

Due to Syphilitic aortitis

Other conditions (Include pregnancy within 3 months of death) 30 D

Major findings:
Of operations .....
Of autopsy ..... 30 D

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 .....

23. Signature [illegible] (M. D. or other)

Address K.C. Mo. Date signed .....

(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~~, or by Francis Walton, Registered Apprentice No. 2744 working under my personal supervision.

Signed J. K. Rozemane

Licensed Embalmer No. 2744

P. O. Address [illegible]

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wit the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.