

FILED JUL 7 1941

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

20746

Do not use this space.

1. PLACE OF DEATH

(a) County Jackson Registration District No. 399
 (b) Township Kear Primary Registration District No. 1002 Registered No. 2276
 (c) City Kansas City (d) Street No. 13367 Michigan St.
 (If death occurred in Hospital or Institution, write its name instead of street and number)
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Nancy Jane Iba

(a) Residence, No. 33070 Michigan Ave St. (If nonresident, give city or town and State)
 (Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED Married
 (write the word)

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF E. F. Iba

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan. 31, 1860

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
81 5 4 14

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.
 9. Industry or business in which work was done, as saw mill, bank, etc. at home
 10. Date deceased last worked at this occupation (month and year)
 11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Jentry Co. Mo

FATHER 13. NAME James Armstrong

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Boston Mass.

MOTHER 15. MAIDEN NAME Eliza Jane Tuck

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Alabama

17. INFORMANT (ADDRESS) Mrs. Jerry Lewis 1403 Rushy Lane

18. BURIAL, CREMATION, OR REMOVAL PLACE Cameron DATE 6-17 1941

19. FUNERAL DIRECTOR (ADDRESS) Poland Funeral Home Cameron Mo.

20. FILED 6/14/41 1941 M. M. Crow Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 14 1941

22. I HEREBY CERTIFY, That I attended deceased from 3/6/1941 to 6/14/1941
 I last saw her alive on 6/13 1941 (Death is said to have occurred on the date stated above, at 14:45 P.M.)
 The principal cause of death and related causes of importance were as follows:

Chronic Myo Carditis
Acute Bronchitis
 Date of onset 1/6/41
 Other contributory causes of importance:
 Name of operation Date of 1/3/41
 What test confirmed diagnosis? Serology Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? _____ Date of injury _____, 19____
 Where did injury occur? _____ (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place.

Manner of injury
 Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
 If so, specify (Signed) D. R. Russell, M. D.
 (Address) 3271 E. 11.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

STATEMENT BY LICENSED EMBALMER

I, _____, Licensed Embalmer No. _____
hereby certify that the body recorded on the reverse side of this certificate was embalmed by Me

L. E. _____
No. _____ or by _____, Registered Apprentice No. _____
working under my personal supervision.

Signed Jimmy Scott Dickson
Licensed Embalmer No. 4892

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.)