

FILED AUG 16 1941

Registration District No. 399

Primary Registration District No. 1002

148
3
89

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, with "RURAL" and name of township)
 (c) Name of hospital or institution: Research Hospital
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 10
(Specify whether)
 In this community Non-Resident
years, months or days

2. USUAL RESIDENCE OF DECEASED: 024
0
0
 (a) State Missouri (b) County Clay
 (c) City or town North Kansas City
(If outside city or town limits, write "RURAL")
 (d) Street No. P.R. #4
(If rural, give location)
 (e) If foreign born, how long in U. S. A.? 1 years.

3. (a) PRINT FULL NAME CARY HARRISON NALL
 3. (b) If veteran, name war —
 3. (c) Social Security No. NO

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month 6 day 6
 year 1941 hour 5 minute — M.

4. Sex Male
 5. Color or race white
 6. (a) Single, widowed, married, divorced, widowed
 6. (b) Name of husband or wife Mary
 6. (c) Age of husband or wife if alive — years
 7. Birth date of deceased: Dec 4 1878
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from July 6 1941
 to July 6 1941
 that I last saw h alive on July 6 1941
 and that death occurred on the date and hour stated above.

8. AGE: Years 62 Months 7 Days 2
 If less than one day — hr. — min.

Immediate cause of death: ruptured duodenal ulcer
 Due to terminal pneumonia
 Other conditions terminal pneumonia
(Include pregnancy within 3 months of death)

9. Birthplace Clay County Missouri
(City, town, or county) (State or foreign country)
 10. Usual occupation Farmer
 11. Industry or business Farm

Major findings:
 Of operations —
 Of autopsy Ruptured duodenal ulcer
 Underline the cause to which death should be charged statistically.

MOTHER FATHER
 12. Name George Y Nall
 13. Birthplace Liberty Missouri
(City, town, or county) (State or foreign country)
 14. Maiden name Ann Elizabeth Baker
 15. Birthplace Richmond Kentucky
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. G. S. Kelsey
 (b) Address North Kansas City Mo. Rt. #4
 17. (a) Burial (b) Date thereof July 7 1941
(Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation Liberty Missouri
 18. (a) Signature of funeral director Morton Funeral Home
 (b) Address North Kansas City Mo
 19. (a) 7-6-41 (b) M. M. Crowe
(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 —
 (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 J. H. [unclear] (M. D. or other) J. M. O
 Address Commercially N.K.C. Date signed July 17 1941

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

John S. Morton

Licensed Embalmer No. *Mo. 3197*

P. O. Address *North Kansas City, 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.