

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

FILED AUG 16 1941

Registration District No. 399

Primary Registration District No. 1002

Registrar's No. 2598

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:
702 1/2 Charlotte
(If in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
(Specify whether _____)
In this community 10 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Kansas (b) County Wyandotte
(c) City or town Kansas City
(If outside city or town limits, write "RURAL")
(d) Street No. 702 1/2 Charlotte
(If rural, give location)
(e) If foreign born, how long in U. S. A.? _____ years

3. (a) PRINT FULL NAME Catherine Nelson
(b) If veteran, name war no
(c) Social Security No. no

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month 7 day 7
year 1941 hour 7 minute 30 a.m.
21. I hereby certify that I attended the deceased from April 28
1941 to July 7 1941
and that death occurred on the date and hour stated above.

4. Sex Female 5. Color or race negro
6. (a) Single, widowed, married, divorced Widowed
(b) Name of husband or wife unknown 6. (c) Age of husband or wife If alive _____ years
7. Birth date of deceased 6 22 1864
(Month) (Day) (Year)

Immediate cause of death Carcinoma of the Rectum, (with severe Hemorrhage)
Due to Hemorrhoids
Duration 6 mos 2 days

8. AGE: Years 77 Months 0 Days 15
If less than one day hr. _____ min. _____

Other conditions Senility
(Include pregnancy within 3 months of death)

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

10. Usual occupation House Work

11. Industry or business own home

MOTHER { 12. Name Unknown
13. Birthplace Unknown
(City, town, or county) (State or foreign country)

14. Maiden name Unknown

15. Birthplace Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature Margaret Dyer
(b) Address 2816 Genesee

17. (a) Burial (b) Date thereof 7-10-41
(Burial, cremation, or removal) (Month, Day) (Year)

(c) Place: burial or cremation Pleasant Hill, Mo.

18. (a) Signature of funeral director W. J. Jones
(b) Address 444 State Ave

19. (a) 7-10-41 (b) M. M. Crow
(Date received local registrar) (Registrar's signature)

Due to _____
Due to _____
Major findings: _____
Of operations none
Of autopsy none

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 Eugene P. Chatur (M. D. or other) M.D.
Address 1731 Swablyn Date signed 7-9-41

PHYSICIAN
Underline the cause to which death should be charged statistically.

JUL 7 1948

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.....

Eugene English
working under my personal supervision.

....., Registered Apprentice No.....

Signed.....

Eugene English

Licensed Embalmer No. *4105*

P. O. Address *4160 State Ave. K. A.*

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, above space should be left blank.