

FILED SEP 12 1941
Registration District No. 1002

Primary Registration District No. 1002

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:
4329 Woodland Avenue
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 5 1/2 yrs
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson
(c) City or town Kansas City
(If outside city or town limits, write "RURAL")
(d) Street No. 4329 Woodland Avenue
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes name country: -----

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug day 8
year 1941 hour 12 minute 15 P.M.

21. I hereby certify that I attended the deceased from 7/1, 1941, to 8/8, 1941;
that I last saw him alive on 8/8, 1941;
and that death occurred on the date and hour stated above.

Immediate cause of death: Cervary Thrombosis

Due to Carcinoma of the

Due to Uterus & ovaries metastasized
Other conditions: Thromb Pharynx - uterus Ca.
(Include pregnancy within 3 months of death)

Major findings:
Of operations: H&P
Of autopsy: H&P

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 James J. Ferguson (M.D. or other) D
Date signed _____

3. (a) PRINT FULL NAME

Minnie Grace Flinn Nesbitt

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

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife Mr. Charles David Nesbitt 6. (c) Age of husband or wife if alive ----- years

7. Birth date of deceased April 13 1884
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
57 3 25 hr. min.

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

10. Usual occupation at home

11. Industry or business _____

12. Name James E. Flinn

13. Birthplace Illinois
(City, town, or county) (State or foreign country)

14. Maiden name Sarah Hagkney

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

16. (a) Informant Miss Alta Nesbitt

(b) Address 4329 Woodland

17. (a) Burial (b) Date thereof 8-11-41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Greenlawn Cem

18. (a) Signature of funeral director D. H. Newcomer's Sons

(b) Address 91401 Brush Creek Blvd.

19. (a) 9/11/41 (b) M. M. Crown
(Date received local registrar) (Registrar's signature)

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

MOTHER FATHER

245
10/15

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

