

Filed OCT 13 1941

Registration District No. 2947 Primary Registration District No. 6072

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: General Hospital #2 C
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 8-13-41-8-20-41
(Specify whether
In this community Unknown
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. 128-8 - Mo - Ave
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 20
year 1941 hour 8 minute 15 p.m.

21. I hereby certify that I attended the deceased from 8-13-41 19... to 8-20-41 19...
that I last saw him alive on August 20 1941
and that death occurred on the date and hour stated above.

Immediate cause of death Tuberculous Meningitis Duration _____

Due to Advanced pulmonary tuberculosis

Due to _____

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

Major findings:
Of operations _____

Of autopsy _____

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? _____

While at work? _____ (Specify type of place) (e) Means of injury _____

23. Signature [Signature] (M. D. or other) _____
Address Sec. 100 #2 Date signed 8/22/41

3. (a) PRINT FULL NAME

JOHN NUNN

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

4. Sex Male 5. Color Black 6. (a) Single, widowed, married, divorced Single

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

7. Birth date of deceased March 26 1906
(Month) (Day) (Year)

8. AGE: Years 35 Months 4 Days 24 If less than one day hr. _____ min. _____

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

10. Usual occupation Bus Boy

MOTHER FATHER { 11. Industry or business _____

12. Name John Nunn

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

14. Maiden name Anna Edmunds

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

16. (a) Informant Recd Clerk

(b) Address 100 Sec Hosp #2

17. (a) Burial (b) Date thereof 8-28-41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Sec 100

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

(b) Address City

19. (a) 9/10/41 (b) [Signature]
(Date received local registrar) (Registrar's signature)

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.....

Licensed Embalmer No.....

P. O. Address.....

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.