

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.

DEPARTMENT OF COMMERCE

BUREAU OF THE CENSUS

FILLED OCT 13 10AM

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 30796
3553

Registration District No. 399

Primary Registration District No. 1002

Registrar's No.

1. PLACE OF DEATH:

(a) County Jackson
(b) City or town Kansas City
(c) Name of hospital or institution: 2018 E. 24th St
(d) Length of stay: In hospital or institution about 28 years
In this community about 28 years

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson
(c) City or town Kansas City
(d) Street No. 2018 E. 24th St
(e) If foreign born, how long in U. S. A. 7 years

3. (a) PRINT FULL NAME NELL Mims

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

4. Sex Female 5. Color or race negro
6. (a) Single, widowed, married, divorced, married
6. (b) Name of husband or wife St. J. Mims
6. (c) Age of husband or wife if alive 47 years
7. Birth date of deceased Oct. 17 1895

8. AGE: Years 45 Months 11 Days 2 If less than one day hr. min.

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

10. Usual occupation Music Teacher

11. Industry or business

MOTHER FATHER { 12. Name Unknown
18. Birthplace a
14. Maiden name Unknown
15. Birthplace Unknown

16. (a) Informant's own signature F. J. Mims
(b) Address 2018 E. 24th St

17. (a) Burial (b) Date thereof Sept 23, 1941
(c) Place: burial or cremation Harrisonville, Mo.

18. (a) Signature of funeral director Fannie J. Meek
(b) Address 1708 E. 18th St. Kansas City, Mo.

19. (a) 9/23/41 (b) M. M. Crowe
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept. day 19th
year 1941 hour 8 minute 15 P. M.
21. I hereby certify that I attended the deceased from July 28, 1941
to Sept 19, 1941; that I last saw her alive on Sept. 19, 1941; and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Apoplexy

Due to Rupture of blood vessel in brain

Due to Hypertension

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations gpa
Of autopsy

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?
(d) Did injury occur in or about home, on farm, in industrial place, in public place?

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

23. Signature Fitzroy E. Young (M. D. or other)
Address 2204 1/2 West 18th Date signed 9/27/41

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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 Fannie T. Meek

Licensed Embalmer No. 3818

P. O. Address 1708 E. 18th St.

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.