

No. 2  
-1-4-41  
5-17-39  
X22390

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. **34008**  
**3948**  
Registrar's No.

Registration District No. **377**

Primary Registration District No. **1002**

48  
8  
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, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
**The George H. Nettleton Home**  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution **11 years** (Specify whether years, months or days) **5**

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. **The George H. Nettleton Home**  
(If rural, give location)  
(e) Citizen of foreign country? **X** (Yes or No)  
If yes, name country **X**

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **October** day **22nd**,  
year **1941** hour **1:15** minute **P.** M.  
21. I hereby certify that I attended the deceased from **15** **October 22** 19**41**  
that I last saw her alive on **October 21** 19**41**  
and that death occurred on the date and hour stated above.

Immediate cause of death: **Coronary thrombosis, sudden death**  
**Arteriosclerosis with aneurysm**  
Due to **hypertension**  
Duration **2 days**

Due to \_\_\_\_\_  
Other conditions (include pregnancy within 3 months of death)  
Major findings: **940**  
Of operations \_\_\_\_\_  
Of autopsy \_\_\_\_\_

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

3. (a) PRINT FULL NAME **Mrs. Elizabeth O. Middleton**  
3. (b) If veteran, name war **X**  
3. (c) Social Security No. **X**

4. Sex **Female** 5. Color or race **White**  
6. (a) Single, widowed, married, divorced **Widowed**  
6. (b) Name of husband or wife **Robert Owen Middleton**  
6. (c) Age of husband or wife if alive **dec.** years  
7. Birth date of deceased **October 3 1861**  
(Month) (Day) (Year)

8. AGE: Years **80** Months **0** Days **19**  
If less than one day hr. min.

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

10. Usual occupation **at home**

11. Industry or business **X**

MOTHER FATHER { 12. Name **William T. Owens**  
13. Birthplace **Kentucky**  
(City, town, or county) (State or foreign country)  
14. Maiden name **Lou Brice**  
15. Birthplace **Kentucky**  
(City, town, or county) (State or foreign country)

16. (a) Informant **The George H. Nettleton Home**  
(b) Address **5125 Swope Parkway, K. C., Mo.**  
17. (a) **Burial** (b) Date thereof **10-29-41**  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation **Elmwood Cemetery**

18. (a) Signature of funeral director **Stine & McClure**  
(b) Address **3235 Gillham Plaza, K. C., Mo.**

19. (a) **10/23/41** (b) **M. M. Crown**  
(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) Means of injury \_\_\_\_\_  
23. Signature **John L. Lapp** (M. D. or other) **Dr. L.**  
Address **1314 Professional** Date signed **Oct 23 1941**

Dr. Lopp

Prepp Body 11. A.M.

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

*Willis H Bennett*

Registered Apprentice No. *282*

working under my personal supervision.

Signed

*[Signature]*

Licensed Embalmer No. *1413*

P. O. Address *511 92/01*

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.