

Registration District No. _____

Primary Registration District No. 4441-5977-6236

1. PLACE OF DEATH:

(a) County Ray
(b) City or town Farm near Lawson, Mo
(c) Name of hospital or institution: _____
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
In this community 6 years in K.C., Mo (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson
(c) City or town Kansas City
(d) Street No. 3013 De Groff Way
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME

NATHAN A. SELF

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

4. Sex male 5. Color or race White 6. (a) Single, widowed, married, divorced, married
6. (b) Name of husband or wife Nannie Mae Self 6. (c) Age of husband or wife if alive 52 years
7. Birth date of deceased Jan 11 1884 (Month) (Day) (Year)

8. AGE: Years 58 Months 2 Days 24 If less than one day _____ hr. _____ min.

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

10. Usual occupation Cabinet Maker

11. Industry or business Furniture

12. Name James Self

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

14. Maiden name Lydia Perry

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

16. (a) Informant Mrs Nannie Mae Self

(b) Address 3013 De Groff Way, K.C., Mo

17. (a) Burial (b) Date thereof April 8 1942 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Lees Summit, Mo

18. (a) Signature of funeral director Stine + Mc Clellan

(b) Address 3235 Gillham Plaza, K.C., Mo

19. (a) 4-16-42 (b) [Signature] (Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 5 year 1942 hour _____ minute _____ M.

21. I hereby certify that I attended the deceased from called in as coroner 19____ to 19____; that I last saw him alive on 19____ and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Occlusion

Due to Coronary Thrombosis

Due to _____

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

Major findings: Of operations 94a

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? _____ (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 Richmond, Missouri Date signed [Signature]

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

MOTHER FATHER

1143

(Licensed Embalmer's Statement on Reverse Side)

[Signature]

RECEIVED

District Health Officer No. 8,

District File Number.....

Date Filed 5-9-42

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.