

S. No. 2
M-5-42
7. 5-17-39
I X32873

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED SEP 24 1942

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 29563
3445
Registrar's No.

Registration District No. 149

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:
2413 Highland
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether
In this community 40 yrs
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Jackson **48**
(c) City or town Kansas City **3**
(If outside city or town limits, write "RURAL") **8**
(d) Street No. 2413 Highland **6**
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Nettie Sears
3. (b) If veteran, name war None 3. (c) Social Security No. None

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Sept. day 17
year 1942 hour 9 minute 20 A.M.

4. Sex Fe 3 5. Color or race Col 6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife Thomas Sears 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased August 16, 1879
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from Sept 15 1942
to Sept 17 1942
that I last saw her alive on Sept 17 1942
and that death occurred on the date and hour stated above.

8. AGE: Years 63 Months 1 Days 1 If less than one day
_____ hr. _____ min.

Immediate cause of death Chronic Myocarditis?
Duration _____

9. Birthplace Missouri
(City, town, or county) (State or foreign country)
10. Usual occupation At Home

Due to _____ **935**
Due to _____

11. Industry or business _____
12. Name Harry Estes
13. Birthplace Missouri
(City, town, or county) (State or foreign country)
14. Maiden name Martha Traylor
15. Birthplace Missouri
(City, town, or county) (State or foreign country)

Other conditions uterine Fibroid
(Include pregnancy within 3 months of death)
Major findings Heart
Of operations None

16. (a) Informant Harry Estes
(b) Address 2413 Highland

Of autopsy No
PHYSICIAN _____
Underline the cause to which death should be charged statistically.

17. (a) burial (b) Date thereof 9/19/42
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Highland Cemetery

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? _____

18. (a) Signature of funeral director Starkins & Brod
(b) Address 1729 Lydia
19. (a) 9/19/42 (b) M. M. Brown
(Date received local registrar) (Registrar's signature)

While at work? _____ (Specify type of place)
(e) Years of injury _____
23. Signature Thos. J. Seaver (M. D. or other) _____
Address 1612 E. 12th St. Date signed 9/18/42

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

MOTHER FATHER

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 *James J. Manlove*.....

Licensed Embalmer No. *3994*.....

P. O. Address. *2503 Highland*.....

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.