S. No. 2
M—9-4-41
v. 5-17-39
1 X29484

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 36364

FILED NOV 19 1942

Registration District No. 149 — Primary Registration District No. 1002 — Registrar's No. 4133

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: St. Mary's Hospital, 0
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 12 days (Specify whether
In this community since 1900. years, months or days)

2. USUAL RESIDENCE OF DECEASED: 48

(a) State Missouri (b) County Jackson, 3

(c) City or town Kansas City, 8
(If outside city or town limits, write "RURAL")

(d) Street No. 4017 Agnes,
(If rural, give location)

(e) Citizen of foreign country? no. (Yes or No) 0

If yes, name country x

3. (a) PRINT FULL NAME Mrs. Nellie Addison Pease

3. (b) If veteran, name war no.

3. (c) Social Security No. no.

4. Sex Female

5. Color or race White 1

6. (a) Single, widowed, married, divorced Widowed, 2

6. (b) Name of husband or wife George W. Pease,

6. (c) Age of husband or wife if alive dec. years

7. Birth date of deceased February (Month) 14 (Day) 1875 (Year)

8. AGE:

Years	Months	Days	If less than one day
67	8	20	hr. min.

9. Birthplace Ireland, (City, town, or county) 4 (State or foreign country)

10. Usual occupation at home,

11. Industry or business x

FATHER
12. Name Edward Addison,
13. Birthplace Ireland, (City, town, or county) 4 (State or foreign country)

MOTHER
14. Maiden name Ellen McMathers,
15. Birthplace Ireland, (City, town, or county) 4 (State or foreign country)

16. (a) Informant Edward W. Addison,
(b) Address 4019 Agnes, Kansas City, Mo.

17. (a) ~~Burial~~ (~~Burial, cremation, or~~ removal) (b) Date thereof 11-6-42 (Month) (Day) (Year)
(c) Place: burial or cremation Mt. Hope Cemetery K.C.K.

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

19. (a) 11-6-42 (Date received local registrar) (b) M. M. Crowe (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month November day 4th year 1942 hour 3:10 minute A. M.

21. I hereby certify that I attended the deceased from Oct 27, 1942, to Nov 4, 1942, that I last saw him alive on Nov 3, 1942, and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Cardiac decompensation	2 wks
Due to Arterio-sclerotic heart disease	2 yrs
Due to	
Other conditions (Include pregnancy within 3 months of death) 93D	

Major findings:
Of operations
Of autopsy Same as above.

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

23. Signature P. J. O'Connell MD (M. D. or other)
Address 207 Upton Bldg. KC Mo Date signed 11/6-42

(Licensed Embalmer's Statement on Reverse Side)

Porter Bldg
WE 3-5-64

Dr. O'Connell

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. 1415

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.