

FILED JUN 7 1943

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:
General Hospital #2
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution **3-9-43 to 5-2-43**
(Specify whether years, months or days)

In this community **50 years**
(Specify whether years, months or days)

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. **1314 East 13th St.**
(If rural, give location)

(e) Citizen of foreign country? **No** (Yes or No)

If yes, name country.....

3. (a) PRINT FULL NAME **NANNIE WEATHERS**

3. (b) If veteran, name war **no** 3. (c) Social Security No. **none**

4. Sex **Male** 5. Color or race **Negro** 6. (a) Single, widowed, married, divorced **Widow**

6. (b) Name of husband or wife **Unknown** 6. (c) Age of husband or wife if alive..... years

7. Birth date of deceased **September 6, 1872**
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	70	7	28hr.min.

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

10. Usual occupation **none**

11. Industry or business **John Roberts**

12. Name **Raleigh N. Carolina**

13. Birthplace **María Rogers**
(City, town, or county) (State or foreign country)

14. Maiden name **Missouri**
(City, town, or county) (State or foreign country)

15. Birthplace **Record Clerk**

16. (a) Informant **General Hospital #2**

(b) Address **Burial** (b) Date thereof **5/11/43**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Lincoln Center**

18. (a) Signature of funeral director **Wicham Bros.**
(b) Address **2208 Vine St.**
5-11-43 (b) **M. M. Grome**
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **May** day **second**
year **1943** hour **6** minute **00** P.M.

21. I hereby certify that I attended the deceased from **Feb. 9, 1943** to **May 2, 1943**, that I last saw her alive on **May 2, 1943**, and that death occurred on the date and hour stated above.

Immediate cause of death **Uremia** Duration

Due to **Papilloma of Bladder (Probably malignant)**

Due to **5213**

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

Major findings: Of operations..... **PHYSICIAN**
Of autopsy..... 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?

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

23. Signature **J. O. Grome** (M. D. Registrar)
Address **600 E. 22 St. - K.C. Mo.** Date signed **5/6/43**

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 *B. L. Leahan*

Licensed Embalmer No. *2540*

P. O. Address *2523 Woodland*

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.