

Registration District No. 749

Primary Registration District No. 1002

Registrar's No. 2788

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:
Home 3634 Cleveland
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution **18 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. **3634 Cleveland Ave.**
(If rural, give location)

(e) Citizen of foreign country? **No** (Yes or No)
If yes, name country **0**

3. (a) PRINT FULL NAME **Elizabeth Nibblett**

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

3. (c) Social Security No. **None**

4. Sex **Female**

5. Color or race **White**

6. (a) Single, widowed, married, divorced **Married**

6. (b) Name of husband or wife **Elbert Nibblett**

6. (c) Age of husband or wife if alive **62** years

7. Birth date of deceased **April 15 1880**
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
63	2	3	hr. min.

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

10. Usual occupation **Housewife**

11. Industry or business

12. Name **Meredith O. Manning**

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

14. Maiden name **Susan Duncan**

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

16. (a) Informant **Mrs. Ethel Wilson**

(b) Address **3030 Elmwood Ave. K.C. Mo.**

17. (a) Burial **Floral Hills**
(Burial, cremation, or removal)

(b) Date thereof **6/21/43**
(Month) (Day) (Year)

18. (a) Signature of funeral director **Rose & Henderson**

(b) Address **4139 E. 15th. St. K.C. Mo.**

19. (a) **6-21-43** (Date received local registrar)

(b) **P. E. Brown** (Registrar's Signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **June** day **18th**
year **1943** hour **10** minute **-** P.M.

21. I hereby certify that I attended the deceased from **Nov 1 1942** to **June 18 1943**
that I last saw her alive on **June 18 1943**
and that death occurred on the date and hour stated above.

Immediate cause of death **Cerebral Hemorrhage** Duration 3 days

Due to **Chronic Nephritis and Hypertension** 1 year

Due to **none**

Other conditions **none** (Include pregnancy within 3 months of death)

PHYSICIAN

Major findings:
Of operations **none**

Of autopsy **none**

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) **no**

(b) Date of occurrence **none**

(c) Where did injury occur? **none**
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?
none

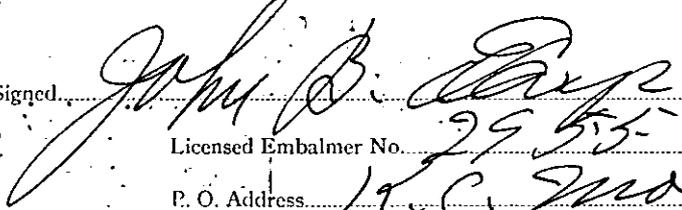
While at work? **no** (Specify type of place)

(e) Means of injury **none**

23. Signed **Eugene Carbaugh** (M. D. or other)
Address **Bryant Bldg. Kansas City** Date signed **6/19/43**

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. 2955-
P. O. Address 19 C. 7th

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.