

FILED JUL 19 1943 149

State File No.

Registration District No. 149

Primary Registration District No. 1002

Registrar's No. 3007

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:
The George H. Nettleton Home, 4
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution since Oct. 1930
(Specify whether
In this community in K. C. 30 years,
years, months or days)

2. USUAL RESIDENCE OF DECEASED: 48
(a) State Missouri (b) County Jackson 3
(c) City or town Kansas City, F
(If outside city or town limits, write "RURAL")
(d) Street No. The George H. Nettleton Home,
(If rural, give location)
(e) Citizen of foreign country? no. (Yes or No)
If yes, name country X 1

3. (a) PRINT Mrs. Charlotte M. Day,
FULL NAME
3. (b) If veteran, name war no. 3. (c) Social Security No. no.

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month July day 7th
year 1943 hour 7:00 minute A. M.

4. Sex Female 5. Color or race White
6. (a) Single, widowed, married, divorced Widowed.
6. (b) Name of husband or wife James A. Day 1 6. (c) Age of husband or wife if alive dec. years
7. Birth date of deceased March 1 1862
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased years
19 to 19;
that I last saw her alive on July 5, 1943
and that death occurred on the date and hour stated above.

8. AGE: Years Months Days If less than one day
81 4 6 hr. min.

Immediate cause of death Heart Bloch sudden
Due to Chronic Bronchial Asthma years
and Arteriosclerosis

9. Birthplace Illinois 1
(City, town, or county) (State or foreign country)
10. Usual occupation at home,

Other conditions General Debility 1 1/2
(Include pregnancy within 3 months of death)
Due to

11. Industry or business X
12. Name George N. Alexander,
13. Birthplace Louisiana 1
(City, town, or county) (State or foreign country)
14. Maiden name Jane Best,
15. Birthplace Ireland 4
(City, town, or county) (State or foreign country)

Major findings:
Of operations
Of autopsy

16. (a) Informant The Nettleton Home Records,
(b) Address 5125 Swope Parkway, K. C., Mo.
17. (a) Burial (b) Date thereof 7-9-43
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Mt. Moriah Cemetery
18. (a) Signature of funeral director Stire & McClure,
(b) Address 3235 Gillham Plaza, Kansas City, Mo.
19. (a) 7-7-43 (b) J. E. Brown
(Date received local registrar) (Registrar's signature)

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 John L. Lapp 5 (M. D. or other) M.D.
Address 1314 Professional Date signed July 7, 43

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

MOTHER FATHER

Duration
PHYSICIAN
Underline the cause to which death should be charged statistically.

*John J. [unclear]
for [unclear] 12:30*

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 *J. Calvin Sheppard*
.....
Licensed Embalmer No. *4179*
.....
P. O. Address *A. L. [unclear]*
.....

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.