

FILED OCT 13 1943/49
Registration District No. _____

Primary Registration District No. **1002**

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:
2916 East 33rd St.
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution **XX**
(Specify whether years, months or days)

In this community **30 years**
(Specify whether years, months or days)

3. (a) PRINT FULL NAME **Miss Rachel K. Nevins**

3. (b) If veteran, name war **XX**

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

4. Sex **Fe**

5. Color of race **Wh**

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

6. (b) Name of husband or wife **XX**

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

7. Birth date of deceased **July 14 1857**
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

86	2	15	hr. min.
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9. Birthplace **Illinois**
(City, town, or county) (State or foreign country)

10. Usual occupation **At Home**

11. Industry or business _____

MOTHER FATHER

12. Name **John Nevins**

13. Birthplace **No Record**
(City, town, or county) (State or foreign country)

14. Maiden name **Rachel Kerr**

15. Birthplace **No Record**
(City, town, or county) (State or foreign country)

16. (a) Informant **Matilda Nevins**

(b) Address **2916 East 33rd St.**

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

(b) Date thereof **10-1-43**
(Month) (Day) (Year)

(c) Place: burial or cremation **Mt. Moriah Cemetery**

18. (a) Signature of funeral director **J.W. Wagner**

(b) Address **Kansas City, Mo.**

19. (a) **9-30-43**
(Date received local registrar)

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

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. **2916 East 33rd St.**
(If rural, give location)

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

If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Sept.** day **29th**
year **1943** hour **4:00** minute _____ P. M.

21. I hereby certify that I attended the deceased from **6-25**, 19**43**, to **9-29**, 19**43**,
that I last saw **her** alive on **9-29**, 19**43**,
and that death occurred on the date and hour stated above.

Immediate cause of death **Broncho Pneumonia**

Due to **107**

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

Major findings:
Of operations _____

Of autopsy **0**

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? _____

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

23. Signature **P. E. Brown** (M. D. or other) **MD**

Address **1034 Walnut St.** Date signed **9-30-43**

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 Cecil R. Matthes
Licensed Embalmer No. 3807
P. O. Address Kansas City, Mo.

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.