S. No. 2
M---2-43
5-17-39
1 X35697

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED DEC 3 1943

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

37428

State File No.

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 4893

1. PLACE OF DEATH: Jackson
(a) County
(b) City or town Kansas City
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 0
K. C. General Hospital No 1.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 5 days (Specify whether years, months or days)
In this community 10 yrs.

2. USUAL RESIDENCE OF DECEASED: 48
(a) State Missouri (b) County Jackson 3
(c) City or town Kansas City
(If outside city or town limits, write "RURAL") 8
(d) Street No. 1224 E. 9th St.
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME Margaret Nies

3. (b) If veteran, name war — no

3. (c) Social Security No. None

4. Sex Famale

5. Color or race White

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

6. (b) Name of husband or wife George Nies

6. (c) Age of husband or wife if alive 28 years

7. Birth date of deceased Jan. (Month) 28 (Day) 1911 (Year)

8. AGE: Years 32 Months 9 Days 18 If less than one day hr. min.

9. Birthplace Wier (City, town, or county) Kansas (State or foreign country)

10. Usual occupation Housewife

11. Industry or business

FATHER
12. Name Wm. Marks
13. Birthplace No Record (City, town, or county) 9 (State or foreign country)

MOTHER
14. Maiden name Alice M—
15. Birthplace No Record (City, town, or county) 9 (State or foreign country)

16. (a) Informant Geo. Nies
(b) Address 1224 E. 9th

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 11-19-43 (Month) (Day) (Year)
(c) Place: burial or cremation Green Lawn Cemetery

18. (a) Signature of funeral director Mrs. E. L. Foster
(b) Address 918 Brooklyn, K. C., Mo.

19. (a) 11-19-43 (Date received local registrar) (b) N. E. Brown (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month November day 16th year 1943 hour 12 minute A. M.

21. I hereby certify that I attended the deceased from June 23 1943 to November 16th 1943 that I last saw her alive on November 16th 1943 and that death occurred on the date and hour stated above.

Immediate cause of death — Duration
Rheumatic Heart Disease

Due to

Due to 95 hr

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

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 Drury R. Thom (M. D. or other)
Address Date signed

(Licensed Embalmer's Statement on Reverse Side)

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 Ralph W. Runnels

Licensed Embalmer No. 3860

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.