

Registration District No. **149**

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,**

(c) Name of hospital or institution:
2401 E. 69th St. Terrace /
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution **no.** (Specify whether years, months or days) **20 years,**

In this community **20 years,**

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. **2401 East 69th St. Terrace,**
(If rural, give location)

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

If yes, name country **X**

3. (a) PRINT FULL NAME **Mrs. Nannie Humphrey**

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

3. (c) Social Security No. **no.**

4. Sex **Female** 5. Color or race **White**

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

6. (b) Name of husband or wife **Thomas Humphrey**

6. (c) Age of husband or wife if alive **no.** years

7. Birth date of deceased **August 2 1851**
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
92	4	13	hr. min.

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

10. Usual occupation **at home,**

11. Industry or business **X**

12. Name **Eliza Milligan**

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

14. Maiden name **Arina Elrod,**

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

16. (a) Informant **C. A. Humphrey,**

(b) Address **Varrensburg, Mo.**

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

(b) Date thereof **12-18-43**
(Month) (Day) (Year)

(c) Place: burial or cremation **Memorial Park**

18. (a) Signature of funeral director **Stina & McClure,**

(b) Address **3235 Gillham Plaza, K. C., Mo.**

19. (a) **12-17-43** (Date received local registrar)

(b) **D. C. Brown** (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **December** day **15th**
year **1943** hour **12:30** minute **P.** M.

21. I hereby certify that I attended the deceased from **December 5,**
1943, to **December 15,** 19**43**
that I last saw her **ER** alive on **December 14,** 19**43;**
and that death occurred on the date and hour stated above.

Immediate cause of death **Bronchial Pneumonia**

Duration **10 days**

Due to **109**

Due to **109**

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? **—**

While at work? **—** (Specify type of place)

(e) Means of injury **—**

23. Signature **Dr. A. C. Casazza** (M. D. or other) **D. O.**

Address **3612 Maple ave** Date signed **12-17-43**

Dr. A. C. Cacioppo, 8800 Benton
3622 Dwyer Ave
1 to 7

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 John L. Shirley
Licensed Embalmer No. 4050

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.