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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED FEB 3 1944

Registration District No. 149

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1002

State File No. 1689

Registrar's No. 174

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:
3710 Baltimore /
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution no. (Specify whether
In this community 40 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson 48

(c) City or town Kansas City 3
(If outside city or town limits, write "RURAL") 8

(d) Street No. 3710 Baltimore,
(If rural, give location)

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

If yes, name country x 0

3. (a) PRINT FULL NAME Mrs. Nellie Carter Ribelin

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 Married /

6. (b) Name of husband or wife John B. Ribelin

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

7. Birth date of deceased April (Month) 9 (Day) 1872 (Year)

8. AGE: Years 71 | Months 9 | Days 1 | If less than one day ___ hr. ___ min.

9. Birthplace Missouri (City, town, or county) 0 (State or foreign country)

10. Usual occupation Housewife

11. Industry or business x

FATHER
12. Name William H. B. Carter
13. Birthplace Kansas (City, town, or county) / (State or foreign country)

MOTHER
14. Maiden name Mattie Russell
15. Birthplace Missouri (City, town, or county) 0 (State or foreign country)

16. (a) Informant John B. Ribelin
(b) Address 3710 Baltimore, Kansas City, Mo.

17. (a) Cremation (Burial, cremation, or removal) (b) Date thereof 1-12-44 (Month) (Day) (Year)
(c) Place: burial or cremation Elmwood

18. (a) Signature of funeral director Stine & McClure,
(b) Address 3235 Gillham Plaza, K. C., Mo.

19. (a) Jan 12, 1944 (Date received local registrar) (b) J E Brown (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 10th
year 1944 hour 3:30 minute A. M.

21. I hereby certify that I attended the deceased from 1 — 3 —, 1944, to 1 — 10 —, 1944;
that I last saw her alive on 1 — 10 —, 1944
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary thrombosis

Due to

Due to Coronary artery disease
Varying pressure 1 wk

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations no 94a

Of autopsy no

Duration

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 Earl E Lilly (M. D. or other) MD

Address 801 Argyle Bldg Date signed 1/10 44

(Licensed Embalmer's Statement on Reverse Side)

Dr. Terry Lilly
Argyle Bldg

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 E. M. Plank

Licensed Embalmer No. 1848

P. O. Address K. C. Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.