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DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS  
FILED FEB 10 1944

STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

1788

State File No. \_\_\_\_\_  
Registrar's No. 428

Registration District No. 149 Primary Registration District No. 1002

1. PLACE OF DEATH:  
(a) County Jackson  
(b) City or town Kansas City  
(c) Name of hospital or institution: 3708 Walnut 1  
(d) Length of stay: In hospital or institution. 42 years  
In this community 42 years

2. USUAL RESIDENCE OF DECEASED:  
(a) State Mo (b) County Jackson  
(c) City or town Kansas City  
(d) Street No. 3708 Walnut  
(e) Citizen of foreign country? No

3. (a) PRINT FULL NAME Nellie D. Tonney  
3. (b) If veteran, name war no  
3. (c) Social Security No. no

4. Sex Fe  
5. Color or race 1 wh  
6. (a) Single, widowed, married, divorced, married  
6. (b) Name of husband or wife A. F. Tonney  
6. (c) Age of husband or wife if alive 69 years  
7. Birth date of deceased Dec 18, 1875

8. AGE: Years 68 Months 1 Days 4  
If less than one day hr. min.

9. Birthplace Illinois

10. Usual occupation Housewife

11. Industry or business

12. Name Benjamin Attebery III

13. Birthplace Ill

14. Maiden name Maude S. Wright III

15. Birthplace Ill

16. (a) Informant Francis R. Tonney  
(b) Address 3708 Walnut

17. (a) Burial (b) Date thereof Jan 28, 1944  
(c) Place: burial or cremation Mt Washington

18. (a) Signature of funeral director Mrs. C. R. Forster  
(b) Address 918 Brooklyn

19. (a) Jan 25, 1944 (b) J. E. Brown

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month Jan day 22  
year 1944 hour 2 minute 20 P. M.

21. I hereby certify that I attended the deceased from Nov. 12, 1943, to Jan 22, 1944  
that I last saw her alive on Jan 22, 1944  
and that death occurred on the date and hour stated above.

Immediate cause of death: hypertensive hypernephrosis

Due to: chronic cholecystitis, hypertension, arteriosclerosis

Other conditions: (Include pregnancy within 3 months of death)

Major findings: Of operations: Of autopsy: SLa

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?  
(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. T. J. DeMelly  
Address 2748 Charbon Date signed 2/4/44

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

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.....

*Sheron G. Redman*

Licensed Embalmer No.....

*2748*

P. O. Address.....

*K.C. 20*

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.

*2748  
Pr. 2993  
Sub to Office*