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FILED FEB 3 1944

State File No. 153

153

Registration District No. _____

Primary Registration District No. 1002

Registrar's No. _____

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:
DeLora Home, 622 Benton 4
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 4 months
(Specify whether
In this community 22 years
years, months or days)

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. 2806 E. 6th St.
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME NELLIE M. WELLS

3. (b) If veteran, No name war _____
3. (c) Social Security No. NONE

4. Sex Fe. 5. Color or race White 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Frank 6. (c) Age of husband or wife if alive 66 years

7. Birth date of deceased Dec. 12, 1855
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
88 0 28 hr. min.

9. Birthplace New York
(City, town, or county) (State or foreign country)

10. Usual occupation Homemaker

11. Industry or business _____

MOTHER FATHER { 12. Name Dr. Addington
13. Birthplace Unknown 9
(City, town, or county) (State or foreign country)
14. Maiden name Unknown
15. Birthplace Unknown 9
(City, town, or county) (State or foreign country)

16. (a) Informant Frank Wells
(b) Address 538 Prospect

17. (a) Removal (b) Date thereof _____
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Battle Creek Michigan

18. (a) Signature of funeral director C. H. Blackman & Son, Inc.
(b) Address Kansas City, Mo.

19. (a) Jan 11 - 1944 (b) J. E. Brown
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan. day 10
year 1944 hour 4 minute A. M.

21. I hereby certify that I attended the deceased from 1/10 1944 to 1/10 1944
that I last saw u. alive on 1/10 1944
and that death occurred on the date and hour stated above.

Immediate cause of death
Stroke Duration 2 days

Due to _____
Due to _____

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) No
(b) Date of occurrence _____
(c) Where did injury occur? St. Louis City, Jackson, Mo.
(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)
23. Signature J. E. Brown (M. D. or other)
Address 6-6-11 St. Date signed 1/11-44

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..... *W.D. Blackman*

Licensed Embalmer No. *3639*

P. O. Address..... *R.E.M.*

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.