

S. No. 2
M-8-43
5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **6244**
Registrar's No. **930**

FILED MAR 6 1944
Registration District No. **1007**

Primary Registration District No. **1007**

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

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:
3317 Park
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether
In this community 40 years _____ (Specify whether
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") **5**
(d) Street No. 3317 Park
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____ **0**

3. (a) PRINT FULL NAME EMRY JACOB NESTOR

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

4. Sex Male 5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Beulah 6. (c) Age of husband or wife if alive 44 years
7. Birth date of deceased August 19, 1885
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>58</u>	<u>6</u>	<u>5</u>	hr. min.

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

10. Usual occupation Oilor, Water Department

11. Industry or business K. C. Mo.

MOTHER FATHER

12. Name John Nestor
13. Birthplace Va.
(City, town, or county) (State or foreign country)
14. Maiden name Unknown
15. Birthplace Va.
(City, town, or county) (State or foreign country)

16. (a) Informant Beulah Nestor
(b) Address 3317 Park

17. (a) Burial (b) Date thereof Feb. 28, 1944
(Burial, cremation, or removal) Forest Hill Cemetery
(c) Place: burial or cremation

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

19. (a) I-26-44 (b) H. E. Brown
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. day 24
year 1944 hour 8 minute _____ P. M.

21. I hereby certify that I attended the deceased from Feb 20, 1944, to Feb 24, 1944
that I last saw him alive on Feb 24, 1944
and that death occurred on the date and hour stated above.

Immediate cause of death
Chronic Bright's Disease
Nephria

Due to _____
Due to _____

Other conditions Diabetes.
(Include pregnancy within 3 months of death)

Major findings:
Of operations 61
Of autopsy _____

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)
Did injury occur in or about home, on farm, in industrial place, in public place?

(Specify type of place)
While at work? _____ (c) Means of injury 0

23. Signature Robert Janssen (M. D. or other M.D.)
Address 2220 N. 31st St. Date signed 2-25-44

877

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..... *H. D. Blackman*.....
Licensed Embalmer No. *3639*.....
P. O. Address..... *K. C. 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.