

FILLED MAY 1 1944

Registration District No. \_\_\_\_\_ 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**  
(If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution: **410 E 11th St in building**  
(If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution. **50 years**  
(Specify whether years, months or days)

**3. (a) PRINT FULL NAME** **Ernest F. Nevada**  
 3. (b) If veteran, name war **NO**  
 3. (c) Social Security No. **484-094640**

4. Sex **M** 5. Color or race **W**  
 6. (a) Single, widowed, married, divorced **Married**  
 6. (c) Age of husband or wife if alive **UNK** years  
 7. Birth date of deceased **June 11 1886**  
(Month) (Day) (Year)

8. AGE: Years **57** Months **9** Days **29**  
If less than one day hr. min.

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

10. Usual occupation **Fireman**

11. Industry or business **Fire Patrol**

12. Name **Unknown**

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 **Thalia Nevada**  
 (b) Address **3308 Olive**

17. (a) **Burial** (b) Date thereof **4/17/44**  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Frank Park Cemetery**

18. (a) Signature of funeral director **Ernest Mayhew**

(b) Address **2312 Harrison**

19. (a) **4-17-44** (b) **D. E. Brown**  
(Date received local registrar) (Registrar's Signature)

**2. USUAL RESIDENCE OF DECEASED:**  
 (a) State **Missouri** (b) County **Jackson** **78**  
 (c) City or town **Kansas City** **5**  
(If outside city or town limits, write "RURAL")  
 (d) Street No. **3308 Olive** **8**  
(If rural, give location)  
 (e) Citizen of foreign country? **0** (Yes or No)  
 If yes, name country \_\_\_\_\_

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month **April** day **15**  
 year **1944** hour **12:05** minute **0** M.

21. I hereby certify that I attended the deceased from **legally correct** 19\_\_\_\_;  
 that I last saw him alive on \_\_\_\_\_, 19\_\_\_\_;  
 and that death occurred on the date and hour stated above.

Immediate cause of death **Acute Coronary occlusion**  
 Duration \_\_\_\_\_

Due to \_\_\_\_\_  
 Due to \_\_\_\_\_

Other conditions **(Include pregnancy within 3 months of death)**  
 \_\_\_\_\_

Major findings: **940**  
 Of operations \_\_\_\_\_  
 Of autopsy **see above**

**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? **0** (c) Means of injury \_\_\_\_\_  
 23. Signature **D. E. Upsher** (M. D. or other) **D.M.D.**  
 Address **3308 Olive** Date signed **4/15/44**

**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.....

*Ray E Snow*

Licensed Embalmer No. *2560*

P. O. Address *1100*

**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.**