

FILED AUG 2 1949

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: **K. C. General Hospital No. 1**
(If not in hospital or institution, write street number or location) **0**
(d) Length of stay: In hospital or institution **28 days**
In this community **50 years**
(Specify whether years, months or days) **J.**

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") **2**
(d) Street No. **7630 Washington**
(If rural, give location)
(e) Citizen of foreign country? **No** (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME **Frank Nevin**

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

4. Sex **Ma** **0** 5. Color or race **Wh** 6. (a) Single, widowed, married, divorced **Married**
6. (b) Name of husband or wife **Mary Ellen Nevin** 6. (c) Age of husband or wife if alive **75** years
7. Birth date of deceased **January 21 1864**
(Month) (Day) (Year)

8. AGE: Years **80** Months **6** Days **0** If less than one day hr. min.

9. Birthplace **Ottawa Illinois**
(City, town, or county) (State or foreign country)

10. Usual occupation **Retired Jeweler**

11. Industry or business _____

MOTHER FATHER { 12. Name **Patrick Nevin** 1
13. Birthplace **Ireland**
(City, town, or county) (State or foreign country)
14. Maiden name **Catherine Graham**
15. Birthplace **Ireland**
(City, town, or county) (State or foreign country)

16. (a) Informant **Mrs. Mary Ellen Nevin**
(b) Address **7630 Washington**
17. (a) **Burial** (b) Date thereof **7-24-44**
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation **Calvary Cemetery**

18. (a) Signature of funeral director **J.M. Wagner**
(b) Address **Kansas City, Mo.**

19. (a) **7-22-44** (b) **N.E. Brown**
(Data received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **July** day **21**
year **1944** hour **4** minute **50 A.M.**

21. I hereby certify that I attended the deceased from **June 23 1944** to **July 21 1944**, that I last saw him alive on **July 21 1944**, and that death occurred on the date and hour stated above.

Immediate cause of death: **Arteriosclerotic Heart disease**
Pyelonephritis

Due to _____
Due to _____
Other conditions (Include pregnancy within 3 months of death) _____

Major findings: Of operations _____
Of autopsy **See above**

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? _____

While at work _____ (Specify type of place) (c) Manner of injury **1**
23. Signature **W.E. Washer** (M.D. or other) **MD**
Address **Med. Dir. Gen'l Hosp.** Date signed **7-21-44**

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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 Alvin R. Harnscheidt

Licensed Embalmer No. 4159

P. O. Address Kansas City, 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.