

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **26956**
Registrar's No. **3259**

FILED AUG 23 1944

149

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:
The George H. Nettleton Home
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution **no. 15 yrs**
(Specify whether **unknown, 15 yrs**)

In this community **unknown, 15 yrs**
(years, months or days)

3. (a) PRINT FULL NAME Mrs. Fanny Pilgrim

3. (b) If veteran, name war no.

3. (c) Social Security No. no.

4. Sex Female **5. Color or race White**

6. (a) Single, widowed, married, divorced Widowed.

6. (b) Name of husband or wife Charles A. Pilgrim

6. (c) Age of husband or wife if alive dec. years

7. Birth date of deceased November 25 1862
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
81	8	12 11	hr. min.

9. Birthplace England, 11
(City, town, or county) (State or foreign country)

10. Usual occupation at home.

11. Industry or business X

MOTHER FATHER

12. Name Stephen Rust,

13. Birthplace England, 4
(City, town, or county) (State or foreign country)

14. Maiden name Susaw Thompson, 4

15. Birthplace England 4
(City, town, or county) (State or foreign country)

16. (a) Informant The George H. Nettleton Home

(b) Address 5125 Swope Parkway, Kansas City, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 8-8-44
(Month) (Day) (Year)

(c) Place: burial or cremation Forest Hill Cemetery

18. (a) Signature of funeral director Stine & McClure,

(b) Address 3235 Gillham Plaza, Kansas City, Mo.

19. (a) 8-8-44 (b) D. E. Brown
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Jackson, 46**

(c) City or town **Kansas City, 46**
(If outside city or town limits, write "RURAL")

(d) Street No. **The George H. Nettleton Home, 3**
(If rural, give location) **8**

(e) Citizen of foreign country? **no.** (Yes or No)

If yes, name country **X**

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 6th
year **1944** hour **11:05** minute **A.** M.

21. I hereby certify that I attended the deceased from April 4, 1940, to Aug 16, 1944
that I last saw her alive on **August 5, 1944**
and that death occurred on the date and hour stated above.

Immediate cause of death: **Cancer Left Breast with Metastases in Lungs + Brain**

Due to _____

Due to _____

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

Major findings:

Of operations _____

Of autopsy _____

Duration **5 years**

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

Records of 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)

(e) Means of injury _____

23. Signature John G. Lapp (M. D. or other) M.D.

Address 1314 Professional Bldg Date signed 8/17/44

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Dr. John Lapp

Prof. Balch

June 10 1916

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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

[Handwritten Signature]
Licensed Embalmer No. *1415*
P. O. Address *[Handwritten Address]*

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.