

S. No. 2
DM-8-43
v. 5-17-39
I X37823

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 27011
Registrar's No. 3368

FILED SEP 7 1944/49

Registration District No. _____

Primary Registration District No. 1002

Registrar's No. 3368

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:
3421 Wersington St. Marys Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution none 2 days
(Specify whether)

In this community 5 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. 3421 Wersington
(If rural, give location)

(e) Citizen of foreign country? no (Yes or No)
If yes, name country XXXX

3. (a) PRINT FULL NAME NINA M. Surber

3. (b) If veteran, name war none

3. (c) Social Security No. none

4. Sex female

5. Color or race white

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

6. (b) Name of husband or wife Edgers Surber

6. (c) Age of husband or wife if alive 40 years

7. Birth date of deceased XX February 20, 1905
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>39</u>	<u>5</u>	<u>20</u>	hr. min.

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

10. Usual occupation housewife

MOTHER FATHER

11. Industry or business at home

12. Name Robert H. Rowland

13. Birthplace Pleasant Hill, Missouri
(City, town, or county) (State or foreign country)

14. Maiden name Minnie Wood

15. Birthplace Odessa, Missouri.
(City, town, or county) (State or foreign country)

16. (a) Informant Edgers Surber

(b) Address 3421 Wersington, Kansas City

17. (a) Burial (b) Date thereof August 12, 1944
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Elm Springs, Mo.

18. (a) Signature of funeral director Canaday and Ropp

(b) Address Holden, Missouri.

19. (a) 8-5-44 (b) T. E. Brown (N3)
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August 10, 1944 hour 2;15 minute P M.

21. I hereby certify that I attended the deceased from 9/9/43, 19____, to 8/10/44, 19____; that I last saw her alive on August 10, 1944, 19____; and that death occurred on the date and hour stated above.

Immediate cause of death Brain Tumor
M.M.O.

Due to _____

Due to 57 el.

Other conditions none
(Include pregnancy within 3 months of death)

Major findings: Brain

Of operations _____

Of autopsy no

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)

(d) 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 _____

23. Signature M. L. ... (M. D. or other) _____

Address 1034 Reid Blvd, K.C. Mo Date signed 8/21/44

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

28
3
8

1941 FEB 24

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..... *Samuel B Rapp*.....

Licensed Embalmer No..... *4044*.....

P. O. Address..... *Holden 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.