

Registration District No. 149 Primary Registration District No. 1002

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: Gen. Hosp. #2
(If not in hospital or institution, write street number or location) 0
(d) Length of stay: In hospital or institution 8-4-44-10-24-44
(Specify whether years, months or days) 10 years

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") 1
(d) Street No. 1403 Tracy
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country 17

3. (a) PRINT FULL NAME GEORGE NEVELS
3. (b) If veteran, name war No
3. (c) Social Security No. 702-14-3930

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Oct. day 24
year 1944 hour 8:35 minute A. M.

4. Sex Male 2 5. Color or race Negro
6. (a) Single, widowed, married, divorced Single
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive 26 years 1908 (Year)

21. I hereby certify that I attended the deceased from August 4
1944 to Oct. 24 1944;
that I last saw him alive on Oct. 24 1944
and that death occurred on the date and hour stated above.

7. Birth date of deceased June (Month) 26 (Day) 1908 (Year)
8. AGE: Years Months Days If less than one day
36 3 28 hr. min.

Immediate cause of death General Paresis Duration
Due to
Due to

9. Birthplace Guthrie Okla. (City, town, or county) (State or foreign country)
10. Usual occupation Truck Driver
11. Industry or business Barnett Coal Co.

Other conditions (Include pregnancy within 3 months of death)
Major findings: Of operations
Of autopsy
306

MOTHER FATHER { 12. Name George Nevels
13. Birthplace Nashville Tenn. (City, town, or county) (State or foreign country)
14. Maiden name Mamie Williams
15. Birthplace Miss. (City, town, or county) (State or foreign country)

PHYSICIAN
Underline the cause to which death should be charged statistically.

16. (a) Informant Record Clerk
(b) Address Gen. Hosp. #2
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Oct-27-44
(Month) (Day) (Year)
(c) Place: burial or cremation Westlawn Cemetery

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?

18. (a) Signature of funeral director Mrs. J. W. Jones
(b) Address 440 State Ave Kans. City
19. (a) 10-27-44 (Date received local registrar) (b) P. E. Brown (Registrar's signature)

While at work? (Specify name of place) (c) Means of injury
23. Signature P. E. Brown (M. D. or other)
Address Gen. Hosp. #2 600 E. 22nd Date signed 10-26-44

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

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 Eugene English
Licensed Embalmer No. 46605
P. O. Address #40 State - N

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.