

FILED JAN 11 1945

Registration District No. 149

Primary Registration District No. 1003

Registrar's No. 5266

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:
Little Sisters of the Poor
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 2 years 5
(Specify whether years, months or days)
 In this community 70 years

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. 5335 Highland
(If rural, give location)
 (e) Citizen of foreign country? 11 (Yes or No)
 If yes, name country 11

3. (a) PRINT FULL NAME MARK NETTLE

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

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Widower

6. (b) Name of husband or wife Agnes Nettie 6. (c) Age of husband or wife if alive years

7. Birth date of deceased July 24 1861
(Month) (Day) (Year)

8. AGE: Years 83 Months 4 Days 28 If less than one day hr. min.

9. Birthplace New York City New York
(City, town, or county) (State or foreign country)

10. Usual occupation Retired -- Railroad

11. Industry or business George Nettie

12. Name Ireland

13. Birthplace Mary Fenton
(City, town, or county) (State or foreign country)

14. Maiden name No record
 15. Birthplace unknown unknown
(City, town, or county) (State or foreign country)

16. (a) Informant Edward J. Nettie

(b) Address 642 E. 75th Terrace

17. (a) Burial (b) Date thereof Dec 26 1944
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Calvary Cemetery

18. (a) Signature of funeral director Thurk. Soben

(b) Address 20 W Linwood

19. (a) 12-26-44 (b) D. E. Brown
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 22
 year 1944 hour 11 minute P. M.

21. I hereby certify that I attended the deceased from 19 to 19;
 that I last saw him alive on 19;
 and that death occurred on the date and hour stated above.

Immediate cause of death Bronchial pneumonia 2 day
Duration

Due to arteriosclerosis

Due to hypertension

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

Major findings: none 107
 Of operations none

Of autopsy none

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? _____

While at work? _____ (Specify type of place)
 (e) Means of injury _____

23. Signature D. E. Brown (M. D. or other) MD
 Address 102 Second Ave Date signed 12-22-44

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

MOTHER FATHER

*Charles M. Quirk
11/11/1914*

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 Charles M. Quirk

Licensed Embalmer No. 3774

P. O. Address 20 West Tunwood

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.