

FILED JUN 29 1945

Registration District No. 179

Primary Registration District No. 1002

Registrar's No.

1. PLACE OF DEATH:

(a) County Jackson
(b) City or town Ryan City
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 400 W. 18th
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether
In this community 30 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson
(c) City or town Ryan City 48
(If outside city or town limits, write "RURAL") 3
(d) Street No. 400 W. 18th 8
(If rural, give location)
(e) Citizen of foreign country? NO (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 6 day 13
year 1945 hour 9:50 minute a M.

21. I hereby certify that I attended the deceased from earlier, 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 suicide by drowning
(no boat involved)

Due to _____
Due to _____
Other conditions _____
(Include pregnancy within 3 months of death) 164 lb

Major findings:
Of operations _____
Of autopsy no permit
History & inspection

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) suicide
(b) Date of occurrence 6-13-1945
(c) Where did injury occur? Penn Valley Gate 15 E. Jackson Mo
(City or Town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?
Public place

While at work? no (e) Means of injury drowning
23. Signature Jamie Bell (M, D, or other) Coroner
Address 1424 poplar ave Date signed 6-13-45

3. (a) PRINT FULL NAME Mrs Nellie Marlett

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

4. Sex fe 5. Color or race w 6. (a) Single, widowed, married, divorced widow

6. (b) Name of husband or wife Frank 6. (c) Age of husband or wife if alive dead years

7. Birth date of deceased Jan 14. 1872
(Month) (Day) (Year)

8. AGE: Years 73 Months 45 Days 29 If less than one day _____ hr. _____ min.

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

10. Usual occupation Housewife

11. Industry or business same

12. Name John Wilson

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

14. Maiden name Sarah Kennedy

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

16. (a) Informant Mrs Ben Duckworth

(b) Address Brookfield Mo

17. (a) burial (b) Date thereof 6/16/45
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Forest Hill Cem

18. (a) Signature of funeral director Erwin Mayberry

(b) Address 2315 Genoa
19. (a) 6-16-45 (b) Geraldine Nelson
(Date received local registrar) (Registrar's signature)

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

MOTHER FATHER

just in
to J. W. Wood
2-2-46

just in
to J. W. Wood

2-2-46

2-2-1946

2-2-46

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..... *Roy E Snow*.....

Licensed Embalmer No. *2560*.....

P. O. Address *K C Ma*.....

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.