S. No. 2
DM—5-43
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1164

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 1648

FILED JAN 21 1946

Registration District No. 99 Primary Registration District No. 1002 Registrar's No. 6

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: General Hospital No. 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 7 days (Specify whether years, months or days)
In this community 50 Years

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Jackson 48
(c) City or town Kansas City 2
(If outside city or town limits, write "RURAL")
(d) Street No. 2625 E. 6 St. 8
(If rural, give location)
(e) Citizen of foreign country? d (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Edward J. Nugent
3. (b) If veteran, name war World War #1
3. (c) Social Security No. 495-03-0352
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Mrs. Myrtle Nugent
6. (c) Age of husband or wife if alive 44 years
7. Birth date of deceased April (Month) 15 (Day) 1890 (Year)
8. AGE: Years 55 Months 8 Days 17 If less than one day hr. min.
9. Birthplace Melrose, Iowa (City, town, or county) (State or foreign country)
10. Usual occupation Steam Fitter
11. Industry or business Steam Fitter Local 535
FATHER
12. Name John J. Nugent
13. Birthplace Creston, Iowa (City, town, or county) (State or foreign country)
MOTHER
14. Maiden name Lyde Feeney
15. Birthplace Iowa (City, town, or county) (State or foreign country)
16. (a) Informant Mrs. Myrtle Nugent
(b) Address 2625 East 6th, St.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 1-5-46 (Month) (Day) (Year)
(c) Place: burial or cremation Mt. St. Mary's Cem
18. (a) Signature of funeral director John W. Wagner
(b) Address Kansas City, Missouri
19. (a) 1-2-46 (Date received local registrar) (b) Geraldine Holmes (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 2 year 1946 hour 1 minute 10 A. M.
21. I hereby certify that I attended the deceased from Dec. 25 1945 to Jan. 2 1946 that I last saw him alive on Jan 2 1946 and that death occurred on the date and hour stated above.

Immediate cause of death Pulmonary tuberculosis — Duration
Due to
Due to
Other conditions (Include pregnancy within 3 months of death) 1385
Major findings: Of operations
Of autopsy See above

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? (e) Means of injury

23. Signature Clark W. Seely M.D. (M. D. or other)
Address Med. Dir. Gen'l Hosp. Date signed 1-2-46

(Licensed Embalmer's Statement on Reverse Side)

FEB 18 1946

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 Cecil R. Matthes

Licensed Embalmer No. 3807

P. O. Address Kansas City, 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.