

FILED MAR 11 1946 **STANDARD CERTIFICATE OF DEATH**

State File No. _____
Registrar's No. **830**

Registration District No. 149 Primary Registration District No. 1002

1. PLACE OF DEATH:
Jackson
(a) County
(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 2 days
(Specify whether
In this community 30 yrs
years, months or days)

3. (a) PRINT FULL NAME Nina Waller
3. (b) If veteran, name war no **3. (c) Social Security** No. no

4. Sex Female **5. Color or race** white **6. (a) Single, widowed, married, divorced** Widow
6. (b) Name of husband or wife Wm R Waller **6. (c) Age of husband or wife if alive** _____ years
7. Birth date of deceased. Dec-1-1861
(Month) (Day) (Year)

8. AGE: Years 84 Months 2 Days 15 If less than one day hr. min.

9. Birthplace Rose Hill Iowa
(City, town, or county) (State or foreign country)

10. Usual occupation at home

11. Industry or business

12. Name John Moore
13. Birthplace No Record
(City, town, or county) (State or foreign country)
14. Maiden name Leathermans Dittus
15. Birthplace No Record
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs Lillian Squier
(b) Address Watersloo Iowa

17. (a) Burial Burial **(b) Date thereof** Feb 18 1946
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Memorial Park

18. (a) Signature of funeral director Mrs C L Fowler
(b) Address 918 Brooklyn

19. (a) 2-18-46 **(b) Geraldine Holmes**
(Date received local registrar) (Registrar's signature)

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. 2146 Holly
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. day 16
year 1946 hour 1 minute 5 P. M.

21. I hereby certify that I attended the deceased from Feb. 14 1946, to Feb. 16 1946;
that I last saw her alive on Feb. 16 1946;
and that death occurred on the date and hour stated above.

Immediate cause of death
Diabetes mellitus-Bronchopneumonia

Due to _____

Due to _____

Other conditions: _____
(Include pregnancy within 3 months of death)

Major findings: _____
Of operations: 61
Of autopsy: None

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? _____

23. Signature Clark W. Leely **(b) Date** 2-18-46
Address Med. Dir. Gen'l Hosp. **Date signed** _____
(Specify type of place) (e) Means of injury

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

Am. Dr. G. G. G.

APR 1 1948

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 *C. H. Rice*.....

Licensed Embalmer No. *2590*.....

P. O. Address *Ac. C. 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.