

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

16776

State File No. _____

FILED JUN 10 1946
Registration District No. 149

Primary Registration District No. 1002

Registrar's No. 2387

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

1. PLACE OF DEATH:
(a) County Jackson
(b) City or town Kansas City
(c) Name of hospital or institution:
1210 Collins
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether
In this community _____ (Specify whether
years, months or days) 1 min.

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. 1210 Collins
(If rural, give location)
(e) Citizen of foreign country? NO (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME JERRY LEE Netherton
3. (b) If veteran, name war no 3. (c) Social Security No. none
4. Sex male 5. Color or race white 6. (a) Single, widowed, married, divorced single
6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased May 26, 1946
(Month) (Day) (Year)

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month May day 26
year 1946 hour 7 minute 40 a.m.
21. I hereby certify that I attended the deceased from
May 26, 1946, to May 26, 1946
that I last saw him alive on May 26, 1946
and that death occurred on the date and hour stated above.

8. AGE: Years _____ Months _____ Days _____ If less than one day
hr. 1 min. _____

Immediate cause of death Spontaneous Duration _____
Due to undetermined
Due to _____

9. Birthplace Kansas City Missouri
(City, town, or county) (State or foreign country)
10. Usual occupation infant

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

MOTHER FATHER {
11. Industry or business _____
12. Name Robert Netherton
13. Birthplace Kansas City Missouri
(City, town, or county) (State or foreign country)
14. Maiden name Maxine Lee Munn
15. Birthplace Kansas City Missouri
(City, town, or county) (State or foreign country)
16. (a) Informant Robert Netherton
(b) Address 1210 Collins
17. (a) burial (b) Date thereof 5-27-46
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Floral Hills
18. (a) Signature of funeral director John P. Sheil
(b) Address Kansas City, Mo.
19. (a) 5-29-46 (b) Sheraldene Holmes
(Date received local registrar) (Registrar's signature)

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 0
23. Signature M. D. [Signature] (M. D. or other)
Address 303 W. [Signature] Date signed 5/28/46
R.C. 710

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

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.....

Licensed Embalmer No.....

P. O. Address.....

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.