

S. No. 2
M-5-43
5-17-39
I X38671

FILED JUN 25 1946
199

Registration District No. **199**

Primary Registration District No. **1002**

Registrar's No. **2634**

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:
The George H. Nettleton Home, 4
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **no.**
(Specify whether
In this community **lifetime**
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Jackson, 48**
(c) City or town **Kansas City**
(If outside city or town limits, write "RURAL") **3**
(d) Street No. **The George H. Nettleton Home,**
(If rural, give location) **8**
(e) Citizen of foreign country? **no.** (Yes or No)
If yes, name country **x**

3. (a) PRINT FULL NAME **Miss Madeline Prosser**

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 **single**
6. (b) Name of husband or wife **x** 6. (c) Age of husband or wife if alive **x** years
7. Birth date of deceased **May 25 1859**
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
87 0 17 hr. min.

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

10. Usual occupation **Retired Music Teacher**

11. Industry or business **x**

12. Name **Dr. Louis S. Prosser**

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

14. Maiden name **Irean Sheppard** (City, town, or county) (State or foreign country)

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

16. (a) Informant **Louise J. Page, Sup't.**

(b) Address **Nettleton Home, Kansas City, Mo.**

17. (a) **burial** (b) Date thereof **6-15-46**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Elmwood Cemetery**

18. (a) Signature of funeral director **Stine & McClure**

(b) Address **3235 Gillham Plaza, K. C., Mo.**

19. (a) **6-14-46** (b) **Heraldine Holmes**
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **June** day **12**
year **1946** hour **12:00** minute **P.** M.
21. I hereby certify that I attended the deceased from **June 10**
1946 to **June 12** 19 **46**
that I last saw him alive on _____, 19____;
and that death occurred on the date and hour stated above.

Immediate cause of death **Senility** Duration _____

Due to _____
Due to _____

Other conditions (Include pregnancy within 3 months of death) **1628**

Major findings:
Of operations _____
Of autopsy _____

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 **H. Prosser** (M. D. or other) **MD**
Address **1014 Arroyo** Date signed **6/14/46**

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

1946

Dr. Tripp, Hi 3400

*any
body*

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. *1415*

P. O. Address..... *150 Wm*

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.