No. 2
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED NOV 12 1946

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 33702

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 4602

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: 2022 Bellview /
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution ____ (Specify whether years, months or days)
In this community: 45 Years

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.: 2022 Bellview
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country: ____

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3. (a) PRINT FULL NAME: Sallie Nugent
3. (b) If veteran, name war: No
3. (c) Social Security No.: None
4. Sex: Female 3
5. Color or race: Negro
6. (a) Single, widowed, married, divorced: Widowed
6. (b) Name of husband or wife: Robert Nugent
6. (c) Age of husband or wife if alive ____ years
7. Birth date of deceased: February 3, 1892 (Month) (Day) (Year)

8. AGE: Years	Months	Days	If less than one day
54	8	27	____ hr. ____ min.

9. Birthplace: Jefferson City (City, town, or county) Missouri (State or foreign country)
10. Usual occupation: At Home
11. Industry or business: ____
MOTHER FATHER
12. Name: Bud Demis
13. Birthplace: Jefferson City (City, town, or county) Missouri (State or foreign country)
14. Maiden name: Lena Adams
15. Birthplace: Jefferson City, (City, town, or county) Missouri (State or foreign country)
16. (a) Informant: Rosetta Harris
(b) Address: 2022 Bellview
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 11/4/46 (Month) (Day) (Year)
(c) Place: burial or cremation: Westlawn Cemetery K.C.K.
18. (a) Signature of funeral director: Watkins Bros.
(b) Address: 1729 Lydia Avenue
19. (a) 11-1-46 (Date received local registrar) (b) Geraldine Holmes (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 30th year 1946 hour ____ minute ____ M.
21. I hereby certify that I attended the deceased from the 23rd Of October, 1946 to October 29, 1946 that I last saw her alive on October 29, 1946 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Acute Congestive Heart Failure.	
Due to: Hypertensive Heart Disease.	
Due to: "	
Other conditions: None (Include pregnancy within 3 months of death)	
Major findings: None Of operations: 93d	
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): None
(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: 0
23. Signature: George H. Reff (M. D. or other) M.D.
Address: 2123 E. 15th St. Date signed 10/31/46

(Licensed Embalmer's Statement on Reverse Side)

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 wi the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.