

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

40617
5104

FILED DEC 19 1946

Registration District No. 177

Primary Registration District No. 1002

Registrar's No.

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: 4241 Benton Blvd.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution none (Specify whether
In this community 60 years years, months or days)

3. (a) PRINT FULL NAME Miss Nellie I. HANLEY

3. (b) If veteran, name war no 3. (c) Social Security No. none

4. Sex female 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 January 23, 1868
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>78</u>	<u>10</u>	<u>10</u>	hr. _____ min.

9. Birthplace Unknown Kentucky
(City, town, or county) (State or foreign country)

10. Usual occupation At home

11. Industry or business _____

MOTHER FATHER { 12. Name Michael Hanley 9
13. Birthplace Unknown Unknown 9
(City, town, or county) (State or foreign country)
14. Maiden name Margaret
15. Birthplace Unknown Unknown 9
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Margaret Sheehan
(b) Address 4241 Benton, K. C., Mo.

17. (a) Burial (b) Date thereof 12-6-46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St. Mary's Cemetery

18. (a) Signature of funeral director Melody-McGilley-Eylar
(b) Address Kansas City, Missouri

19. (a) 12-5-46 (b) Heraldine Holmes
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson 48
(c) City or town Kansas City 3
(If outside city or town limits, write "RURAL")
(d) Street No. 4241 Benton Blvd. 8
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 3
year 1946 hour 10 minute 15 P.M.

21. I hereby certify that I attended the deceased from Oct 15 1946 to Dec 3 1946
that I last saw her alive on December 2 1946
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral thrombosis Duration 6 weeks
Due to arteriosclerosis ?

Other conditions Carcinoma left breast
(Include pregnancy within 3 months of death)

Major findings:
Of operations _____
Of autopsy 50
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? (c) Means of injury D
23. Signature Edward G. Samuelson (M. D. or other) M.D.
Address 2603 E 31 K. C. Mo. Date signed Dec 4-46

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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.....

[Handwritten Signature]

Licensed Embalmer No. *2989*

P. O. Address..... *KC*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

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