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DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS  
FILED FEB 11 1947

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 1256  
Registrar's No. 481

Registration District No. 149 Primary Registration District No. 1002

1. PLACE OF DEATH:  
(a) County Jackson  
(b) City or town Kansas City  
(c) Name of hospital or institution: Cleveland Rest Home, 3217 Cleveland  
(d) Length of stay: In hospital or institution 3 years 4  
In this community 33 years (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:  
(a) State Missouri (b) County Jackson 48  
(c) City or town Kansas City  
(d) Street No. 3217 Cleveland  
(e) Citizen of foreign country? No (Yes or No)  
If yes, name country

3. (a) PRINT MISS MATILDA NEVINS  
FULL NAME

3. (b) If veteran, name war XX 3. (c) Social Security No. None

4. Sex Fe / 5. Color or race Wh 6. (a) Single, widowed, married, divorced sgl U

6. (b) Name of husband or wife XX 6. (c) Age of husband or wife if alive XX years

7. Birth date of deceased July 25 1857 (Month) (Day) (Year)

8. AGE: Years 89 Months 6 Days 5 If less than one day hr. min.

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

10. Usual occupation At Home

11. Industry or business

12. Name John Nevins

13. Birthplace No Record (City, town, or county) (State or foreign country)

14. Maiden name Rachel Kerr (City, town, or county) (State or foreign country)

15. Birthplace No Record (City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Ed Sommerhouse (b) Address 1928 Spruce

17. (a) Burial (b) Date thereof 2-1-47 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Mt. Moriah

18. (a) Signature of funeral director J.N. Wagner (b) Address Kansas City, Mo.

19. (a) 2-1-47 (b) Geraldine Holme (Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan. day 30th year 1947 hour 10:00 minute P. M.

21. I hereby certify that I attended the deceased from Jan 2 1947 to Jan 30 1947 that I last saw her alive on Jan 30 1947 and that death occurred on the date and hour stated above.

Immediate cause of death: Mitral Insufficiency

Due to: Semity

Due to: Arterio Sclerosis

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

Major findings: Of operations: 92 X

Of autopsy:

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

23. Signature: Carlo Jackson (M. D. or other)

Address: 1109 Antioch Ave Date signed: 1-27-47

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

MOTHER FATHER

1103 E Amman  
ME #193

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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 A. R. Hausschild.....

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.**