S. No. 2
M—5-43
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I X36671

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAY 29 1947

Registration District No. 149

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1002

State File No. 17520

Registrar's No. 2262

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: 3137 ELMWOOD AVENUE 1
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution ----- (Specify whether
In this community 44 Years
years, months or days)

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. 3137 ELMWOOD AVENUE 8
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No) 0

If yes, name country -----

3. (a) PRINT FULL NAME GROVER, NATHAN, MC. NUTT

3. (b) If veteran, name war no

3. (c) Social Security No. 487-01-6591

4. Sex MALE

5. Color or race WHITE

6. (a) Single, widowed, married, divorced MARRIED

6. (b) Name of husband or wife MRS. SARAH ANN MC. NUTT

6. (c) Age of husband or wife if alive 58 years

7. Birth date of deceased JANUARY (Month) - 27 (Day) - 1886 (Year)

8. AGE: Years 61 | Months 3 | Days 24 | If less than one day ..... hr. ..... min.

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

10. Usual occupation DOORMAN

11. Industry or business JENKINS MUSIC COMPANY

FATHER
12. Name FERDINAND MC. NUTT
13. Birthplace SEDALIA (City, town, or county) MISSOURI (State or foreign country)

MOTHER
14. Maiden name LUCY E. PAYNE
15. Birthplace SEDALIA (City, town, or county) MISSOURI (State or foreign country)

16. (a) Informant MRS. SARAH A. MC. NUTT
(b) Address 3137 ELMWOOD AVENUE

17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof MAY-23-1947 (Month) (Day) (Year)
(c) Place: burial or cremation FLORAL HILLS CEMETERY

18. (a) Signature of funeral director D. W. NEWCOMER'S SONS
(b) Address 1401 BRUSH CREEK BLVD

19. (a) 5-23-47 (Date received local registrar) (b) Geraldine Holmes (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month MAY day 21st year 1947 hour 8:00 minute P. M.

21. I hereby certify that I attended the deceased from March 19, 1947 ..... 19.... to May 21, 1947; that I last saw him alive on May 21, 1947; and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Acute myocardial insufficiency	1 hr.
Due to Hypertension	10 yrs.
Due to Apoplexy	1 mo.
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy	

93.0

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 2

23. Signature Kenneth Adler (M. D. or other) D.O.

Address 4202 E 27th K.C., Mo. Date signed 5-22-47

(Licensed Embalmer's Statement on Reverse Side)

4202 East 27th Street

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 John E. Fraking, Registered Apprentice No. 504, working under my personal supervision.

Signed E. Oscar Worthey

Licensed Embalmer No. 1767

P. O. Address Kansas City

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.