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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED JUN 17 1947

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 21135

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 2468

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~~: ST. JOSEPH HOSPITAL (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or ~~institution~~ 1-DAY (Specify whether years, months or days)
In this community 53 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. 2307 EAST 37TH STREET (If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country ---

48 3 8 0

3. (a) PRINT FULL NAME MRS NELLIE CARVEY PLANCK
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 WIDOWED
6. (b) Name of husband ~~or wife~~ MR. GILBERT W. PLANCK
6. (c) Age of husband or wife if alive --- years
7. Birth date of deceased JULY (Month) 8 (Day) 1864 (Year)
8. AGE: Years 82 Months 10 Days ~~26~~ 25 If less than one day ___ hr. ___ min.
9. Birthplace SENATOBIA (City, town, or county) MISSISSIPPI (State or foreign country)
10. Usual occupation AT HOME
11. Industry or business ---
FATHER 12. Name HENRY A. CARVEY
FATHER 13. Birthplace LIMERICH (City, town, or county) IRELAND (State or foreign country)
MOTHER 14. Maiden name SUE E. MATTHEWS
MOTHER 15. Birthplace JACKSON (City, town, or county) MISSISSIPPI (State or foreign country)
16. (a) Informant Dorothy C. Planck
(b) Address 2307 East 37 St. K.C. Mo.
17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof JUNE 5 1947 (Month) (Day) (Year)
(c) Place: burial or ~~cremation~~ ELMWOOD CEMETERY
18. (a) Signature of funeral director D. A. Newcomer Sons
(b) Address 1401 BRUSH CREEK BLVD.
19. (a) 6-5-47 (Date received local registrar) (b) Geraldine Holmes (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month JUNE day 3RD year 1947 hour 1 minute 20 P.M.
21. I hereby certify that I attended the deceased from June 1, 1947, to June 3, 1947; that I last saw her alive on June 3, 1947; and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Congestive heart failure	
Due to Arteriosclerosis	
Due to	
Other conditions Senility (Include pregnancy within 3 months of death)	

Major findings:
Of operations 9 3 D
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 0
23. Signature Joel Barber Jr. (M. D. ~~or other~~)
Address 4000 Baltimore Date signed 6/3/47

(Licensed Embalmer's Statement on Reverse Side)

4600 [redacted] Altmaier
3-5-30

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. Melvin Miller

Licensed Embalmer No. 4407

P. O. Address K. C. 3, Mo.

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.