

S. No. 2
M-5-43
7-5-17-39
P I X36671

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED AUG 13 1947

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **24311**
3244
Registrar's No.

Registration District No. 149 Primary Registration District No. 1002

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:
General Hospital No. 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 2 days
In this community 48 yrs
(Specify whether years, months or days)

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")
721 Troost
(d) Street No. (If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Michael B. Nauss Sr.
(b) If veteran, name war no
(c) Social Security No. ?

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month July day 29
year 1947 hour 8 minute 20 P. M.
21. I hereby certify that I attended the deceased from
July 27 1947 to July 29 1947
that I last saw him alive on July 29 1947
and that death occurred on the date and hour stated above.

4. Sex male 5. Color or race white
6. (a) Single, widowed, married, divorced Married
6. (c) Age of husband or wife if alive 42 years
7. Birth date of deceased Jan 23 - 1889
(Month) (Day) (Year)

Immediate cause of death Lobar Pneumonia
Rt. Lung -- Cardiac failure
Duration

8. AGE: Years 58 Months 6 Days 6
If less than one day hr. min.

Due to
Due to

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

10. Usual occupation Carpenter

Other conditions (Include pregnancy within 3 months of death) 105
Major findings:
Of operations
Of autopsy See above

11. Industry or business

12. Name Hilbert Nauss
13. Birthplace Pa
(City, town, or county) (State or foreign country)

14. Maiden name States
15. Birthplace Pa
(City, town, or county) (State or foreign country)

16. (a) Informant Jerome Nauss
(b) Address 715 - bases

17. (a) Burial (b) Date thereof Aug 2 - 1947
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Mt. Washington

18. (a) Signature of funeral director Mr CR Forster
(b) Address 918 Broadway

19. (a) 8-1-47 (b) Geraldine Helme
(Date received local registrar) (Registrar's signature)

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)
(c) Means of injury
23. Signature W W Hart (M. D. or other)
Address Med. Dir. Gen'l Hosp. Date signed

Dr. Williams

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..... *Dean Owens*

Licensed Embalmer No. *4280*

P. O. Address..... *918 B Brooklyn
R. C., 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.