No. 2
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5-17-39
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED NOV 29 1947

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 38095

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 4880

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: 4045 E 68th St (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether

In this community 10 yrs years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson 48

(c) City or town Kansas City (If outside city or town limits, write "RURAL") 3 8

(d) Street No. 1601 Lister (If rural, give location)

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

If yes, name country U

3. (a) PRINT FULL NAME Nellie Deaver

3. (b) If veteran, name war No

3. (c) Social Security No. None

4. Sex Fe 1

5. Color or race Wh

6. (a) Single, widowed, married, divorced 2

6. (b) Name of husband or wife John E.

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

7. Birth date of deceased April (Month) 29 (Day) 1884 (Year)

8. AGE: Years 63 Months 6 Days 21 ~~22~~ If less than one day hr. min.

9. Birthplace Lee Summit (City, town, or county) Mo (State or foreign country) 0

10. Usual occupation House wife

11. Industry or business

FATHER
12. Name Solon Elliott
13. Birthplace 1 (City, town, or county) Ohio (State or foreign country) 1

MOTHER
14. Maiden name Belle Dickhouse
15. Birthplace Lee Summit (City, town, or county) Mo (State or foreign country) 0

16. (a) Informant V. Hutton

(b) Address 1601 Lister

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 11-22-47 (Month) (Day) (Year)

(c) Place: burial or cremation Pleasant Hill Mo

18. (a) Signature of funeral director J. P. Louis Funeral Hm

(b) Address K. C. Mo

19. (a) 11-21-47 (Date received local registrar) (b) Geraldine Holmes (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov day 20 year 1947 hour 9 minute 15 A.M.

21. I hereby certify that I attended the deceased from Sept 17 '47, 19 to Nov 20, 1947 that I last saw her alive on NOV 20, 1947 and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma of stomach with extensive regional extension — Duration 2 mo.

Due to

Due to

Other conditions (Include pregnancy within 3 months of death) 46 A

Major findings:
Of operations

Of autopsy Extensive carcinoma of stomach

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? Means of injury 0

23. Signature C. L. Gilles (M. D. or other)

Address 1414 Prof Bldg Date signed 11/21/47

(Licensed Embalmer's Statement on Reverse Side)

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.....

Licensed Embalmer No. 3110

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.