

FILED DEC 26 1947
Registration District No. **149**

Primary Registration District No. **1002**

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

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 **4404 Fairmount**
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution **None**
(Specify whether)

In this community **8 years**
(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")

(d) Street No. **4404 Fairmount**
(If rural, give location)

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

If yes, name country

3. (a) PRINT FULL NAME **ARCHIE LEE NESBITT**

3. (b) If veteran, name war **Spanish American**

3. (c) Social Security No. **486-01-0930**

4. Sex **Male**

5. Color or race **White**

6. (a) Single, widowed, married, divorced **Married**

6. (b) Name of husband or wife **Jessie Gertrude Nesbitt**

6. (c) Age of husband or wife if alive **52** years

7. Birth date of deceased **June 11 1885**
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	62	5	26	hr. min.

9. Birthplace **Pawnee City Nebraska**
(City, town, or county) (State or foreign country)

10. Usual occupation **Pres. Nesbitt Food Co.**

11. Industry or business **Food Distributing**

12. Name **Josiah Nesbitt**

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

14. Maiden name **Orpha Rebecca Robinson**

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

16. (a) Informant **Mrs. Jessie Nesbitt**

(b) Address **4404 Fairmount**

17. (a) **Burial** (b) Date thereof **12-10-47**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Floral Hills Cemetery**

18. (a) Signature of funeral director **Gates Funeral Home**

(b) Address **Kansas City, Kansas**

19. (a) **12-9-47** (b) **Seraldine Holmes**
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Dec.** day **7**
year **1947** hour **10** minute **30 P.** M.

21. I hereby certify that I attended the deceased from **July 31/47** to **Dec 7, 1947**

that I last saw him alive on **Dec 7** 19**47** and that death occurred on the date and hour stated above.

Immediate cause of death **Coronary Artery Sclerosis**

Dug. **Arterio-sclerotic and hypertensive heart disease**

Coronary Artery Sclerosis

Other conditions (include pregnancy within 3 months of death)

Major findings: Of operations

Of autopsy

PHYSICIAN

Underline the cause of 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?

While at work? (Specify type of place)

(e) Means of injury

23. Signature **L. F. Steffen** (M. D. or other)

Address **1103 Grand Ave** Date signed **12-9-47**

Dr. Steffen
Prof. Bldg.
VI 8180
2 P.M.

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.....

W. L. Ward

Licensed Embalmer No. 3991

P. O. Address 308 East 68th St

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.