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FEDERAL SECURITY AGENCY
National Office of Vital Statistics
FILED JUN 19 1948

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. _____
Registrar's No. 2387

Registration District No. 149

Primary Registration District No. 1002

WRITE PLAINLY—USE 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:
3870 CHARLOTTE STREET
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether
in this community 43 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. 3870 CHARLOTTE STREET
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME MRS. SADIE ISABELLE CASE
3. (b) If veteran, name war No 3. (c) Social Security No. NONE

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month JUNE day 4
year 1948 hour 7 minute 20 P.M.
21. I hereby certify that I attended the deceased from
Brown 19____ to _____, 19____;
that I last saw h. _____ alive on _____, 19____;
and that death occurred on the date and hour stated above.

4. Sex FEMALE 5. Color or race WHITE
6. (a) Single, widowed, married, divorced WIDOWED
6. (b) Name of husband or wife MR. NIMROD CASE
6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased OCTOBER 22 1877
(Month) (Day) (Year)

Immediate cause of death _____
Coronary sclerosis
Due to status nervosus

8. AGE: Years 70 Months 7 Days 12
If less than one day hr. _____ min. _____

Due to _____
Other conditions (Include pregnancy within 3 months of death) _____
Major findings: Of operations _____
Of autopsy _____
History & Impression

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

10. Usual occupation HOUSE WIFE & CURSTYUS

11. Industry or business AT HOME

12. Name WILLIAM NELSON

13. Birthplace UNKNOWN IOWA
(City, town, or county) (State or foreign country)

14. Maiden name ANNA ROEBRICK

15. Birthplace AUSTRIA GERMANY
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs Percie Brynne
(b) Address 1029 EAST-29th STREET

17. (a) BURIAL (b) Date thereof JUNE 7 1948
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation FOREST HILL CEMETERY

18. (a) Signature of funeral director O. K. Newcomer's sons
(b) Address 1401-BRUSH CREEK BLYD

19. (a) 6-7-48 (b) Steraldine Holmes
(Date received local registrar) (Registrar's signature)

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? _____

While at work? _____ (Specify type of place)
(e) Means of injury 3rd
23. Signature [Signature] (M., D., or other) _____
Address 1424 14th St Date signed 6-5-48

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 Jess T. Deuss.....

Licensed Embalmer No. 4453.....

P. O. Address St. Louis 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.