

FILED OCT 1 1948
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: Lakeside Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 1 week
(Specify whether years, months or days)

In this community 30 years
(years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Kansas (b) County Johnson **999**

(c) City or town Lenexa **14**
(If outside city or town limits, write "RURAL")

(d) Street No. Route #1 **2**
(If rural, give location)

(e) Citizen of foreign country? no (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Nellie D. DOVER

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 married

6. (b) Name of husband or wife F. A. Dover

6. (c) Age of husband or wife if alive 72 years

7. Birth date of deceased August 31, 1876
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
72	0	19	hr. _____ min.

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

10. Usual occupation At home

11. Industry or business _____

MOTHER FATHER {

12. Name James Stoneking **n**

13. Birthplace Warrensburg, Missouri
(City, town, or county) (State or foreign country)

14. Maiden name Elizabeth A. Klamben

15. Birthplace Penn. **1**
(City, town, or county) (State or foreign country)

16. (a) Informant Mr. F. A. Dover

(b) Address Route #1, Lenexa, Kansas

17. (a) Burial (b) Date thereof 9-23-48
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Elmwood Cemetery

18. (a) Signature of funeral director Melody-McGilley-Eylar

(b) Address Kansas City, Missouri

19. (a) 9-22-48 (b) Geraldine Holm
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month SEPT. day 20
year 1948 hour 1 minute 29 P.M.

21. I hereby certify that I attended the deceased from AUG. **1948** to SEPT. 20 **1948**

that I last saw h. AR alive on 9-20 **1948**
and that death occurred on the date and hour stated above.

Immediate cause of death CARDIAC FAILURE

Due to CARDIAC DECOMPENSATION 2 D.

Due to GASTRIC CARCINOMA **UNKNOWN**

Other conditions GASTRIC ULCER **30 YRS.**
(Include pregnancy within 3 months of death)

Major findings: GASTRIC CARCINOMA

Of operations _____

Of autopsy 4/10/48

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) _____

(c) Means of injury 2 **80.**

Signature J. S. A. Schuch (M. D. or other) **80.**

Address Oreland Park, Mo. Date signed 9-24-48

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 *Elen G. Heek*.....

Licensed Embalmer No. *4063*.....

P. O. Address *Kansas City, 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.