

FILED APR 6 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH8549
State File No. 1048

BIRTH NO. _____		REG. DIST. NO. <u>149</u>		PRIMARY REG. DIST. NO. <u>1062</u>		Registrar's No. _____	
1. PLACE OF DEATH a. COUNTY <u>JACKSON</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MISSOURI</u> b. COUNTY <u>JACKSON</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>KANSAS CITY, MO.</u>				c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>KANSAS CITY, MISSOURI</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>HOME 1408 GARFIELD</u>				d. STREET ADDRESS (If rural, give location) <u>1408 GARFIELD</u>			
3. NAME OF DECEASED (Type or Print)		a. (First) <u>INEZ</u>		b. (Middle) <u>MAYES</u>		c. (Last) <u>NESBITT</u>	
5. SEX <u>FE. 3</u>		6. COLOR OR RACE <u>NEGRO</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED, (Specify) <u>MARRIED</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>3 5 49</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>MAID</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>DRAKE HOTEL</u>		8. DATE OF BIRTH <u>JAN. 16 - 1891</u>		9. AGE (In years last birthday) <u>58</u>	
11. BIRTHPLACE (State or foreign country) <u>LOUISIANA</u>				12. CITIZEN OF WHAT COUNTRY? <u>USA</u>			
13a. FATHER'S NAME <u>MOSE MAYES</u>		13b. MOTHER'S MAIDEN NAME <u>DONT KNOW</u>		14. NAME OF HUSBAND OR WIFE, <u>JAMES NESBITT</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknowns) <u>NO</u>		16. SOCIAL SECURITY NO. <u>486-03-2887</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>JAMES NESBITT, 1408 GARFIELD</u>			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Carcinoma, descending colon.</u> ANTECEDENT CAUSES As for conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>153X</u>			
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <u>12-9-1948</u> , to <u>3-5-1949</u> , that I last saw the deceased alive on <u>3-4-</u> , 1949, and that death occurred at <u>5 A.</u> m., from the causes and on the date stated above.							
23a. SIGNATURE <u>A. J. Rettenmaier</u> (Degree or title) <u>MD</u>				23b. ADDRESS <u>Kansas City, Kans.</u>		23c. DATE SIGNED <u>3-7-49</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>3-9-49</u>		24c. NAME OF CEMETERY OR CREMATORY <u>HIGHLAND</u>		24d. LOCATION (City, town, or county) (State) <u>KANSAS CITY MISSOURI</u>	
DATE REC'D BY LOCAL REG. <u>3-7-49</u>		REGISTRAR'S SIGNATURE <u>Sheraldine Holmes</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Phym + Greenstreet</u>		ADDRESS <u>1819 E. 15 KANSAS CITY, MO.</u>	

(Licensed Embalmer's Statement on Reverse Side)

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

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 _____

Student Embalmer No. _____

working under my personal supervision.

Signed _____

W. G. Flynn

Signed _____
Student Embalmer

Licensed Embalmer No. 4383

P. O. Address 1819 E. 15th 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.