

BIRTH NO. REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. 2893

1. PLACE OF DEATH a. COUNTY JACKSON			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE MISSOURI b. COUNTY JACKSON		
b. CITY OR TOWN KANSAS CITY		c. LENGTH OF STAY (in this place) 3 YEARS	c. CITY OR TOWN KANSAS CITY		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION OSTEOPATHIC HOSPITAL			e. STREET ADDRESS (If rural, give location) 1221 ILLINOIS AVENUE		

3. NAME OF DECEASED (Type or Print) a. (First) NELLIE b. (Middle) LOUISE c. (Last) HART		4. DATE OF DEATH (Month) (Day) (Year) JUNE 24, 1954	
---	--	--	--

5. SEX FEMALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) WIDOWED 2	8. DATE OF BIRTH FEB. 4, 1870	9. AGE (In years last birthday) 84	10. MONTHS 84	11. HOURS 84	12. MIN. 84
----------------------	-------------------------------	---	--------------------------------------	---	----------------------	---------------------	--------------------

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSEWIFE		10b. KIND OF BUSINESS OR INDUSTRY DOMESTIC		11. BIRTHPLACE (City and State or Foreign Country) ONTARIO, CANADA		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
--	--	---	--	---	--	--	--

13a. FATHER'S NAME Wm. JONES		13b. MOTHER'S MAIDEN NAME ANN DANN		14. NAME OF HUSBAND OR WIFE Wm. Hart	
-------------------------------------	--	---	--	---	--

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO		16. SOCIAL SECURITY NO. NONE		17. INFORMANT'S SIGNATURE OR NAME MRS. JESSIE KELLEY-KANSAS CITY, MISSOURI		ADDRESS 1221 ILLINOIS AVENUE	
---	--	-------------------------------------	--	---	--	-------------------------------------	--

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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Transition & debilitation				INTERVAL BETWEEN ONSET AND DEATH	
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Carcinomatosis		DUE TO (c) Primary carcinoma of uterus			
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				174X	

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)		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 **4-30-54**, 19**54**, to **6-24-54**, 19**54**, that I last saw the deceased alive on **6-24-54**, 19**54**, and that death occurred at **5:40 P.M.**, from the causes and on the date stated above.

23a. SIGNATURE R.W. Parker (Degree or title) D.O.		23b. ADDRESS 1320 1/2 E 12th, K.C., Mo		23c. DATE SIGNED 6-25-54	
---	--	---	--	---------------------------------	--

24a. BURIAL, CREMATION, REMOVAL (Specify) REMOVAL	24b. DATE JUNE 26, 1954	24c. NAME OF CEMETERY OR CREMATORY PRairie Hill CEMETERY	24d. LOCATION (City, town, or county) (State) BRADLEY, SOUTH DAKOTA
--	--------------------------------	---	--

DATE REC'D BY LOCAL REG. 6-26-54	REGISTRAR'S SIGNATURE Heraldine Smith	25. FUNERAL DIRECTOR'S SIGNATURE W. J. Newcomer		ADDRESS 1521 BRUSH CARRIAGE DR. KANSAS CITY, MISSOURI	
---	--	--	--	--	--

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..

Student.....
Signature of Student Embalmer

Signed *Rollie Kessel*

Licensed Embalmer No. 468

P. O. Address N.C.M.C.

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.