

MARGIN RESERVED FOR BINDING

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

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

Registration District No. 399

Primary Registration District No. 1002

1. PLACE OF DEATH: 1

(a) County Jackson

(b) City or town J. C. Mo.  
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: General Hospital #2  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 10-24-39  
(Specify whether years, months or days)

In this community Unk.  
years, months or days)

2. USUAL RESIDENCE OF DECEASED: 1

(a) State Mo. (b) County Jackson

(c) City or town Kansas City, Mo.  
(If outside city or town limits, write "RURAL")

(d) Street No. 1518 Swoost ave.  
(If rural, give location)

(e) If foreign born, how long in U. S. A. \_\_\_\_\_ years.

3. (a) PRINT FULL NAME Georgia Kaiser <sup>260</sup>

3. (b) If veteran, name war No

3. (c) Social Security No. 110

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 11 day 5  
year 39 hour 11 minute 35 P.M.

21. I hereby certify that I attended the deceased from 60 — 24 —, 1939, to \_\_\_\_\_, 1939; that I last saw her alive on 11-4, 1939, and that death occurred on the date and hour stated above.

4. Sex Female 5. Color or race Negro

6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife Unk. 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased: 10 (Month) 7 (Day) 1867 (Year)

Immediate cause of death Terminal Pneumonia Broncho

Due to Hypertensive Type of Heart Disease

Due to \_\_\_\_\_

Other conditions (include pregnancy within 3 months of death) 9515

8. AGE: Years 72 Months 0 Days 28 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace Glasgow Mo.  
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business 9

12. Name Unknown 9

13. Birthplace \_\_\_\_\_ 1  
(City, town, or county) (State or foreign country)

14. Maiden name Unknown

15. Birthplace \_\_\_\_\_  
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature Holla Bush

(b) Address 1009 Brooklyn ave

17. (a) Burial (b) Date thereof Nov. 9, 1939  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Highland Cemetery - J. C. Mo.

18. (a) Signature of funeral director Hannie L. Meek

(b) Address 1707 1/2 18th Street

19. (a) Nov 8 1939 (b) M. M. Brown  
(Date received local registrar) (Registrar's signature)

Major findings: Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

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? 1

23. Signature J. C. Thomas (Specify type of place) \_\_\_\_\_ (M. D. or other) \_\_\_\_\_  
Address General Hospital #2 Date signed 11-6-39

V. B. 5-17-39  
50M-5-17-39  
1 x1931

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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 \_\_\_\_\_

*Fannie L. Meek*

\_\_\_\_\_, Registered Apprentice No. \_\_\_\_\_

working under my personal supervision.

Signed *Fannie L. Meek*

Licensed Embalmer No. *3818*

P. O. Address *1707 E. 18th 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, above space should be left blank.