

Registration District No. 399 Primary Registration District No. 1002

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:
5433 Rockhill Road
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
(Specify whether
In this community 55 years
years, months or days)

8. (a) PRINT FULL NAME Mrs. Marie Chapman 155
8. (b) If veteran, name war _____ 8. (c) Social Security No. _____

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Widow
6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased July 29, 1860
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
79 4 16 hr. min.

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

10. Usual occupation At home

11. Industry or business _____

MOTHER FATHER
12. Name Charles Beck
13. Birthplace Germany
(City, town, or county) (State or foreign country)
14. Maiden name Mary Blaha
15. Birthplace Germany
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature Mrs. Nicholas Keller
(b) Address 5433 Rockhill Road

17. (a) Burial (b) Date thereof Dec. 18, 1939
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Mt. Washington

18. (a) Signature of funeral director Freeman Mortuary
(b) Address 104 W. 42nd St., K.C., Mo.

19. (a) Dec. 17, 1939 (b) M. M. Crowe
(Date received local registrar) (Registrar's signature)

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. 5433 Rockhill Road
(If rural, give location)
(e) If foreign born, how long in U. S. A. _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 15,
year 1939 hour _____ minute _____ M.

21. I hereby certify that I attended the deceased from July 15, 1939, to Dec 15, 1939
that I last saw her alive on 15 Dec 1939
and that death occurred on the date and hour stated above.

Immediate cause of death Epilepsy Duration _____
Arterio Sclerosis + 2 yrs

Due to Arterio Sclerosis 67

Due to _____ 97

Other conditions (Include pregnancy within 3 months of death) _____

PHYSICIAN
Major findings: None
Of operations _____
Of autopsy None
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following: no

(a) Accident, suicide, or homicide (specify) _____

(b) Date of occurrence _____

(c) Where did injury occur? no
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?
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While at work? _____ (Specify type of place) (e) Means of injury _____

23. Signature K.P. Jones (M. D. or other)
Address 301 E. 10th St Date signed Dec 16 1939

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.

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.....

Elmer C. Reddick

Licensed Embalmer No. 3495

P. O. Address H. C. No

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.