

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.

Jan 3 1940

Registration District No. 399

Primary Registration District No. 1002

Registrar's No. 4975

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:
912 Forest Ave.
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 51 Yrs. (Specify whether
 In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:
 (a) State Mo. (b) County Jackson
 (c) City or town Kansas City
 (If outside city or town limits, write "RURAL")
 (d) Street No. 912 Forest
 (If rural, give location)
 (e) If foreign born, how long in U. S. A. _____ years.

3. (a) PRINT FULL NAME Emily Maria Trussell 624

3. (b) If veteran, name war XX 3. (c) Social Security No. NO

4. Sex Male 5. Color or race Wh. 6. (a) Single, widowed, married, divorced Divorced

6. (b) Name of husband or wife XXXXXXXXXXXXXXXXXXXXXXX 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased Oct. 20 1849
 (Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>90</u>	<u>2</u>	<u>10</u>	hr. min.

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

10. Usual occupation Home

11. Industry or business None

MOTHER FATHER { 12. Name Sam Bellingham

13. Birthplace Unknown England
 (City, town, or county) (State or foreign country)

14. Maiden name Unknown Unknown

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

16. (a) Informant's own signature Mrs. Ellen Pressley
 (b) Address 6724 Chestnut

17. (a) Burial (b) Date thereof Jan. 2 39
 (Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation Mt. Moriah

18. (a) Signature of funeral director Eylar Funeral Home
 (b) Address 1800 Linwood K.C. Mo.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 30th
 year 1939 hour 10 minute 30 A. M.

21. I hereby certify that I attended the deceased from 6/30/1938 to 12/30/1939
 that I last saw her alive on Dec 25, 1939
 and that death occurred on the date and hour stated above.

Immediate cause of death Arterio sclerosis and Myocardosis

Due to Senescence

Due to _____

Other conditions Passive congestion of lower extremities

Major findings: _____
 Of operations _____

Of autopsy _____

Duration _____
 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)
 (e) Means of injury _____

23. Signature James Q. Chamberlain (M. D. or other)
 Address 1124 Professional Bldg Date signed 12/30/39

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..... *Chas Wilks*

Licensed Embalmer No..... *2644*

P. O. Address..... *1800 Pinewood*

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.