

REC'D MAR 3 1940

Registration District No. _____

Primary Registration District No. _____

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:
K. C. General Hosp. No. 1
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 5 mo. & 22 days
 (Specify whether
 In this community 12 years
 years, months or days)

3. (a) PRINT FULL NAME MARJORIE HECTOR

8. (b) If veteran, name war No 3. (c) Social Security No. 486-10-7551

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

6. (b) Name of husband or wife William (c) Age of husband or wife if alive 31 years

7. Birth date of deceased Aug 3 1908
 (Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
31 6 9 hr. min.

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

10. Usual occupation Housewife

11. Industry or business _____

MOTHER FATHER { 12. Name James Watted

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

14. Maiden name Barbara Longmire

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

16. (a) Informant's own signature William Hector
 (b) Address 1114 Broadway

17. (a) Burial (b) Date thereof 2/13/40
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Elwood Hills

18. (a) Signature of funeral director Bentley Montague
 (b) Address 5811 Jackson
 19. (a) Feb. 13, 1940 (b) M. M. Cron
 (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. 2634 Montgall
 (If rural, give location)
 (e) If foreign born, how long in U. S. A. _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. day 10th
 year 1940 hour 9 minute 17 P. M.

21. I hereby certify that I attended the deceased from 8-19-39, 19____, to 2-10-40, 19____;
 that I last saw her alive on 2-10-40, 19____;
 and that death occurred on the date and hour stated above.

Immediate cause of death
Subacute bacterial vegetative endo-
carditis with multiple emboli

Due to _____
 Due to g/a

Other conditions
 (Include pregnancy within 3 months of death)

Major findings:
 Of operations _____

Of autopsy See above

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 W. De Maria M.D. (M. D. or other)
 Address Supt. K. C. Gen. Hospital 2-12-40

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically

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.

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 *Lucy Buffington*
Licensed Embalmer No. *2786*
P. O. Address *A. 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.