

Registration District No. **399**

Primary Registration District No. **1002**

MAR 31 1940

1. PLACE OF DEATH: **Jackson**
(a) County **Jackson**
(b) City or town **Kansas City**
(c) Name of hospital or institution: **4533 Wabash Ave**
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **None**
In this community **25 Years**
(Specify whether years, months or days)

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. **4533 Wabash Ave**
(If rural, give location)
(e) If foreign born, how long in U. S. A. _____ years.

3. (a) PRINT FULL NAME **363 Kate Edwards**
3. (b) If veteran, name war **No** 3. (c) Social Security No. **No**

4. Sex **Female** 5. Color or race **White** 6. (a) Single, widowed, married, divorced **Married**
6. (b) Name of husband or wife **Charles D. Edwards** 6. (c) Age of husband or wife if alive **80** years
7. Birth date of deceased **July 8 1864**
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
75 7 9 hr. min.

9. Birthplace **Missouri** (City, town, or county) (State or foreign country)
10. Usual occupation **House-wife**

11. Industry or business _____
12. Name **German Rover**
13. Birthplace **Germany** (City, town, or county) (State or foreign country)
14. Maiden name **Mary Sights**
15. Birthplace **Missouri** (City, town, or county) (State or foreign country)

16. (a) Informant's own signature **Charles Edwards**
(b) Address **4533 Wabash Ave**

17. (a) **Removal** (Burial, cremation, or removal) (b) Date thereof **2-18-40**
(Month) (Day) (Year)
(c) Place: burial or cremation **Louisiana, Mo**

18. (a) Signature of funeral director **Rayman Edward Stone**
(b) Address **4306 Mill Creek Pkwy**
19. (a) **2-18-40** (Date received local registrar) (b) **M. M. Crowe** (Registrar's signature)

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month **Feb** day **17**
year **1940** hour **1** minute **30 P. M.**
21. I hereby certify that I attended the deceased from **October**
1939 to **Feb. 17, 1940**
that I last saw her alive on **Feb. 17, 1940**
and that death occurred on the date and hour stated above.

Immediate cause of death **Diabetes**
Due to **59**
Due to _____
Other conditions **None**
(Include pregnancy within 3 months of death)

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) **no**
(b) Date of occurrence **no**
(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? **✓**
While at work? **✓** (Specify type of place) (e) Means of injury **✓**
23. Signature **A. M. Baker** (M. D. or other)
Address **385 1/2 Terminal** Date signed **2/18/40**

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.....

H. C. Bergman

Licensed Embalmer No.....

2041

P. O. Address.....

Kan City Mo

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.