

Registration District No. 399

Primary Registration District No. 1002

Registrar's No. 997

1. PLACE OF DEATH: Jackson
 (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: 3742 Genesee
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 62 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. 3742 Genesee
 (If rural, give location)
 (e) If foreign born, how long in U. S. A.?

3. (a) PRINT FULL NAME Mrs. Margaret S. Drake
 (b) If veteran, name war. No
 (c) Social Security No. No

20. DATE OF DEATH: Month Mar. day 1st
 year 1940 hour 12 minute 10 A. M.

4. Sex Fe 5. Color or race Wh
 6. (a) Single, widowed, married, divorced Widowed
 6. (b) Name of husband or wife I. A. Drake
 6. (c) Age of husband or wife if alive -- years
 7. Birth date of deceased July 9 1852
 (Month) (Day) (Year)

21. I hereby certify that I attended the deceased from Jan 8, 1940 to March 1, 1940
 that I last saw her alive on Feb 29, 1940
 and that death occurred on the date and hour stated above.

8. AGE: Years 87 Months 7 Days 22
 If less than one day hr. min.

Immediate cause of death trauma
 Duration 10 days
 Due to Impacted stone in common bile duct - jaundice 2 mo.
 Due to Feb

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

10. Usual occupation At Home

11. Industry or business
 MOTHER FATHER { 12. Name Robert Lemon
 13. Birthplace Pa.
 14. Maiden name Eliza Blair
 15. Birthplace Indiana Pa.
 (City, town, or county) (State or foreign country)

Other conditions (include pregnancy within 3 months of death)
 Major findings: Of operations
 Of autopsy

16. (a) Informant's own signature Mrs. Irene Roberts
 (b) Address Lawrence, Kansas
 17. (a) Burial (b) Date thereof 3-4-40
 (Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation Elmwood Cemetery

PHYSICIAN
 Underline the cause to which death should be charged statistically.

18. (a) Signature of funeral director J. W. Wagner
 (b) Address Kansas City, Missouri
 19. (a) Mch 2, 1940 (b) M. M. Brown
 (Date received local registrar) (Registrar's signature)

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?
 (Specify type of place) (e) Means of injury

While at work?
 23. Signature P. M. Quinn (M. D. or other)
 Address 524 SW Blvd KC Mo Date signed 3-1-40

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.

MARGIN RESERVED FOR BINDING

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 Cecil R. Matthes

Licensed Embalmer No. 3807

P. O. Address KC, 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.