

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: K. Gen. Hospital No. 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 6 days
In this community 2 yrs. (Specify whether years, months or days)

3. (a) PRINT FULL NAME Doris P. Prettyman 125
3. (b) If veteran, name war. --- 3. (c) Social Security No. No

4. Sex F. 5. Color or race W. 6. (a) Single, widowed, married, divorced, Mar.
6. (b) Name of husband or wife Roy Prettyman 6. (c) Age of husband or wife if alive ? years
7. Birth date of deceased Dec 6 1870
(Month) (Day) (Year)

8. AGE: Years 69 Months 6 Days 3 If less than one day hr. min.

9. Birthplace Cass County Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business

MOTHER FATHER
12. Name Owen Gibson
13. Birthplace Unknown
(City, town, or county) (State or foreign country)
14. Maiden name Serreida
15. Birthplace Unknown
(City, town, or county) (State or foreign country)

16. (a) Informant Record clerk

(b) Address K. Gen. Hospital, A.C. No.

17. (a) Burial (b) Date thereof June 10, 1940
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Adrian Missouri

18. (a) Signature of funeral director W. M. Groves

(b) Address Adrian Mo

19. (a) June 13, 1940 (b) M. M. Groves
(Date received local Reg. Fee) (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")
1411 White
(d) Street No. (If rural, give location)
(e) If foreign born, how long in U. S. A. ? _____ years.

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month June day 9th
year 1940 hour 1 minute 41 A M.

21. I hereby certify that I attended the deceased from June 3rd, 1940 to June 9th, 1940;
that I last saw her alive on June 9th, 1940
and that death occurred on the date and hour stated above.

Immediate cause of death Acute appendicitis

Due to 121

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations

Of autopsy None

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 Dr. De M... M.D. M. D. or other
Supt. General Hospital, K. Mo. Date signed

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

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

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.....

Licensed Embalmer No: 3650

P. O. Address: Adrian, 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.