

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

Rev. 5-17-39  
1 x 111

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.

SEP 3 1940  
Registration District No. **399**

Primary Registration District No. **1002**

Registrar's No. **3106**

**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: **General Hospital #2**  
(If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution **7-18-40-7-29-40**  
(Specify whether)  
 In this community **Unknown**  
years, months or days

**3. (a) PRINT FULL NAME** **Mattie Russell** **240**  
**8. (b) If veteran,** **No** **3. (c) Social Security** **No**  
 name war No.

**4. Sex** **Female** **5. Color or race** **Negro** **6. (a) Single, widowed, married,** **Widow**  
 divorced  
**6. (b) Name of husband or wife** **Unknown** **6. (c) Age of husband or wife if** **--**  
 alive years  
**7. Birth date of deceased** **Unknown**  
(Month) (Day) (Year)

**8. AGE:** Years **About 64** Months Days If less than one day  
 hr. min.

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

**10. Usual occupation** **none**

**11. Industry or business**  
**MOTHER FATHER**  
**12. Name** **Unknown** **a**  
**13. Birthplace** **Unknown** **i**  
(City, town, or county) (State or foreign country)  
**14. Maiden name** **Unknown**  
**15. Birthplace** **Unknown** **j**  
(City, town, or county) (State or foreign country)

**16. (a) Informant's own signature** **Record Clerk**  
**(b) Address** **General Hospital #2**

**17. (a) Burial** **(b) Date thereof** **8-3-40**  
(Burial, cremation, or removal) (Month) (Day) (Year)

**(c) Place: burial or cremation** **Lincoln Cemetery**

**18. (a) Signature of funeral director** **Editha B. ...**  
**(b) Address** **2000 E. 12th St. ...**

**19. (a) Aug. 3, 1940** **(b) M. M. ...**  
(Date received local registrar) (Registrar's signature)

**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. **1325 Lydia, Apt. 6**  
(If rural, give location)  
 (e) If foreign born, how long in U. S. A. ? \_\_\_\_\_ years.

**MEDICAL CERTIFICATION**

**20. DATE OF DEATH:** Month **7** day **30**  
 year **40** hour **11** minute **55** P.M.

**21. I hereby certify that I attended the deceased from** **7-18-** 19 **40** **7-29-** 19 **40**  
 that I last saw her alive on **7-29-** 19 **40**  
 and that death occurred on the date and hour stated above.

Immediate cause of death  
**Terminal Pneumonia, Broncho**

Due to **Arteriosclerosis** **107W**

Due to \_\_\_\_\_

Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

**PHYSICIAN**  
 Major findings: \_\_\_\_\_  
 Of operations \_\_\_\_\_  
 Of autopsy \_\_\_\_\_  
 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) (Means of injury)

**23. Signature** **J. C. ...** **(M. D. or other)**  
**Address** **Gen. Hosp #2** **Date signed** **8-3-40**

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**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.....

*Edw J Evans*

Licensed Embalmer No.....

*3836*

P. O. Address.....

**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.**