

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 Research Hospital  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 40 yrs. (Specify whether)

In this community Josephine V. Savage years, months or days

8. (a) PRINT FULL NAME Josephine V. Savage

8. (b) If veteran, name war none 8. (c) Social Security No. none

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married Widowed

6. (b) Name of husband or wife Arthur Savage 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased Sept. 7-1869  
(Month) (Day) (Year)

8. AGE: Years 70 Months 11 Days 17 If less than one day hr. min.

9. Birthplace Knoville Tenn  
(City, town, or county) (State or foreign country)

10. Usual occupation House work

11. Industry or business

12. Name James G. Monday

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

14. Maiden name Margaret Glass

15. Birthplace Knoville Tenn  
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Ella Lee Doyle

(b) Address 3230 E-11th St.

17. (a) Cause anemia (b) Date thereof 8/26/40  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St. Mary's Cem.

18. (a) Signature of funeral director George C. Carson

(b) Address Independence Mo.

19. (a) Aug. 26, 1940 (b) M.M. Crowe  
(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. 3230 East 11th  
(If rural, give location)

(e) If foreign born, how long in U. S. A? \_\_\_\_\_ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug day 24  
year 1940 hour 6 minute 15 a.m.

21. I hereby certify that I attended the deceased from Aug 22  
\_\_\_\_\_, 1940 to Aug 24, 1940

that I last saw her alive on Aug 23, 1940  
and that death occurred on the date and hour stated above.

Immediate cause of death Strangulated ep. jejunal hernia

Due to 1250

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

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

Other conditions intraperitoneal  
(Include pregnancy within 3 months of death)

Major findings: abrasion origin

Of operations gastrostomy small

Of autopsy intest. abdominal abrasion

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)

(e) Means of injury !

23. Signature Hubert H. Valente M. D. or other \_\_\_\_\_

'Address 1124 Hospital Bldg Date signed 8/26/40

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

MOTHER FATHER

*B. Valentine*  
*1124 Park Avenue Bldg*

**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 *[Signature]*

Licensed Embalmer No. *3156*

P. O. Address *Independence*

**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.**