

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: **2917 Forest Avenue**
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **15 Years** (Specify whether **2**)
In this community **15 Years** (years, months or days)

3. (a) PRINT FULL NAME **Mrs. Bessie Love**

3. (b) If veteran, name war **none** 3. (c) Social Security No. **none**

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

6. (b) Name of husband or wife **Charles R. Love** 6. (c) Age of husband or wife if alive **years**

7. Birth date of deceased **Nov. 18, 1893**
(Month) (Day) (Year)

8. AGE: Years **46** Months **10** Days **2** If less than one day **hr. min.**

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

10. Usual occupation **Dress Maker**

11. Industry or business **0**

12. Name **Thomas J. Lewis**

13. Birthplace **Kentucky**
(City, town, or county) (State or foreign country)

14. Maiden name **Sarah Steele**

15. Birthplace **Missouri**
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature **Miss Helen Love**

(b) Address **2917 Forest Avenue**

17. (a) **Removal** (b) Date thereof **9-21-40**
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation **Blackwater, Mo.**

18. (a) Signature of funeral director **Freeman Mortuary**

(b) Address **Kansas City, Mo.**

19. (a) **9-21-40** (b) **M. M. Brown**
(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. **2917 Forest Avenue**
(If rural, give location)
(e) If foreign born, how long in U. S. A. **years.**

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Sept.** day **20**
year **1940** hour **9** minute **50** **A. M.**

21. I hereby certify that I attended the deceased from **Sept. 15, 1940** to **Sept 20, 1940**
that I last saw her alive on **Sept 20, 1940**
and that death occurred on the date and hour stated above.

Immediate cause of death **Sarcoma Uteri with generalized Visceral Metastasis**

Due to **SARCOMA**

Due to **4%**

Other conditions **4%**
(Include pregnancy within 3 months of death)

Major findings: **Sarcoma Primary in Uterine Fibroid 8-17-1940**
Of operations **Metastasis Intestines, Kidneys, Liver, Heart**
Of autopsy

Duration
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) _____
(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) _____
While at work? (e) Means of injury _____

23. Signature **J. Milton Singler, M.D.**
Address **315 Alameda Road** Date signed **9-21-40**

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.

OCT 11 1940

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

Carol M. Chiles

Licensed Embalmer No.

3473

P. O. Address

36 E 7th St

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.