

NOV 12 1940
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:
501 West 11th St. **3**
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution **501 W 11th**
(Specify whether)
 In this community **2 Mo**
years, months or days

3. (a) PRINT FULL NAME **Mrs Cora A. Darling**8. (b) If veteran, name war **No** 3. (c) Social Security No. **No**4. Sex **F** 5. Color or race **W** 6. (a) Single, widowed, married, divorced **Widow**6. (b) Name of husband or wife **Unknown** 6. (c) Age of husband or wife if alive **—** years7. Birth date of deceased **Jan 18 1877**
(Month) (Day) (Year)8. AGE: Years **63** Months **8** Days **16** If less than one day **—** hr. **—** min.9. Birthplace **Lyon Co Ks**
(City, town, or county) (State or foreign country)10. Usual occupation **None**

11. Industry or business

12. Name **Winfield Scott Shultz**13. Birthplace **Ohio**
(City, town, or county) (State or foreign country)14. Maiden name **Emily A. Pierce**15. Birthplace **Ohio**
(City, town, or county) (State or foreign country)16. (a) Informant's own signature **Frank Squidron**(b) Address **501 West 11th**17. (a) **Removal** (b) Date thereof **Oct 5 40**
(Burial, cremation, or removal) (Month) (Day) (Year)(c) Place: burial or cremation **Cherryvale Ks**18. (a) Signature of funeral director **H. Simpson**(b) Address **P. O. Box**19. (a) **10-6-40** (b) **M. M. Brown**
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Kansas** (b) County **—**
 (c) City or town **Cherryvale Ks**
(If outside city or town limits, write "RURAL")
 (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 **Oct.** day **5**
year **1940** hour **—** minutes **1:20** A.M.21. I hereby certify that I attended the deceased from **Sept 1, 1940**
19 **—** to **Oct 5, 1940** 19 **—**;that I last saw **—** alive on **Oct 4, 1940** 19 **—**;
and that death occurred on the date and hour stated above.Immediate cause of death **Ch. Myocarditis** Duration **?**Due to **Essential Hypertension**Due to **—**Other conditions **—**
(Include pregnancy within 3 months of death) **93C**Major findings: **—** PHYSICIAN **—**
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 **M. M. Brown** (M. D. or other) **—**Address **1901 S. W. Blvd** Date signed **10/5/40**

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 _____

H. Simmons, Registered Apprentice No. _____
working under my personal supervision.

Signed _____

Licensed Embalmer No. 3903

P. O. Address KOK

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.