

Registration District No. 399

Primary Registration District No. 1002

Registrar's No.

1. PLACE OF DEATH: Jackson
 (a) County
 (b) City or town: Kansas City
 (c) Name of hospital or institution: 4105 Benton
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution: All her life
 In this community: All her life
 years, months or days

2. USUAL RESIDENCE OF DECEASED:
 (a) State: Missouri (b) County: Jackson
 City or town: Kansas City
 (If outside city or town limits, write "RURAL")
 4105 Benton
 (d) Street No. (If rural, give location)
 (e) If foreign born, how long in U. S. A. ? years.

3. (a) PRINT FULL NAME Miss Jewel Sophie Criswell

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month Nov. day 11th
 year 1940 hour 5:00 minute A. M.

3. (b) If veteran, name war: xx
 3. (c) Social Security No. 40499-106

21. I hereby certify that I attended the deceased from Aug 14th, 1940, to Nov 11, 1940 that I last saw him alive on Nov 10, 1940 and that death occurred on the date and hour stated above.

4. Sex: Fe
 5. Color or race: Wh
 6. (a) Single, widowed, married, divorced: Sgl

Immediate cause of death.

6. (b) Name of husband or wife. 6. (c) Age of husband or wife if alive years

Pseudoepithelioma

7. Birth date of deceased: January 30 1911 (Month) (Day) (Year)

Due to: of surgery

| 8. AGE: | Years | Months | Days | If less than one day |
|---------|-------|--------|------|----------------------|
| | 29 | 9 | 11 | hr. min. |

Due to: Malignant 1949

9. Birthplace: Kansas City Kansas (City, town, or county) (State or foreign country)

Due to:

10. Usual occupation: Former Employee

Other conditions (Include pregnancy within 3 months of death)

11. Industry or business: Farm & Home Bldg. & Loan

PHYSICIAN

12. Name: Clarence Criswell

Major findings: Of operations: None

13. Birthplace: Ohio (City, town, or county) (State or foreign country)

Of autopsy: None

14. Maiden name: Lanora Kaufman (City, town, or county) (State or foreign country)

15. Birthplace: Booneville Mo. (City, town, or county) (State or foreign country)

16. (a) Informant: Mrs. Lanora Criswell

(b) Address: 4105 Benton Blvd.

17. (a) Cremation (b) Date thereof: Nov. 14-1940 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation: Elmwood Cemetery

18. (a) Signature of funeral director: J. W. Wagner (b) Address: Kansas City, Mo.

19. (a) Nov. 14, 1940 (b) M. M. Crowe (Date received local registrar) (Registrar's signature)

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. H. Neal (M. D. certifier)

Address: 907 N 7th St. K. K. K. Date signed: 11/11/40

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

FILED DEC 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.....

Licensed Embalmer No. *4159*

P. O. Address.....

N. E. Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.