

Registration District No. **399**

Primary Registration District No. **1002**

1. PLACE OF DEATH:

(a) County Jackson
(b) City or town Kansas City
(c) Name of hospital or institution: 1726 1/2 Montgall
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 2
In this community 6 mo
years, months or days (Specify whether)

3. (a) PRINT FULL NAME Amanda Elliston White

3. (b) If veteran, name war No
3. (c) Social Security No. No

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

6. (b) Name of husband or wife Unknown
6. (c) Age of husband or wife if alive 13 years (Day) (Year)

7. Birth date of deceased Feb. 13 1876
(Month) (Day) (Year)

8. AGE: Years 64 Months 8 Days 27
If less than one day hr. min.

9. Birthplace Franklin County, Mo.
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business

12. Name Wesley Hoodall

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

14. Maiden name Unknown

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

16. (a) Informant's own signature Marion Hoodall

(b) Address 1726 1/2 Montgall

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

(c) Place: burial or cremation Highland Cemetery - N.C. Mo.

18. (a) Signature of funeral director Thomias D. Meehan

(b) Address 1707 E. 18th Street, C. Mo.

19. (a) 11-14-40 (b) M. M. Crocker
(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. 1726 1/2 Montgall
(If rural, give location)
(e) If foreign born, how long in U. S. A. ? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov day 10
year 1940 hour 12 noon minute _____ M.

21. I hereby certify that I attended the deceased from Sept 3, 1940, to Nov 10, 1940;
that I last saw her alive on Nov 10, 1940;
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral hemorrhage of
Secondary American

Due to unknown

Due to _____

Other conditions (include pregnancy within 3 months of death) 46

Major findings: Of operations _____

Of autopsy _____

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 Arthur H. ... (M. D. or other) MD

Address 2434 ... Date signed 11/14/40

Duration 18 mo
3 mo
PHYSICIAN
Underline the cause to which death should be charged statistically.

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.

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 Fannie L. Meek

Licensed Embalmer No. 3818

P. O. Address 1707 E. 18th 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.