

No. 2
1-12-40

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:
16 1/2 Westport Road
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution **17 years**
 (Specify whether years, months or days)

3. (a) PRINT FULL NAME **Mrs. Ida Belle Douthat**
 (b) If veteran, name war **No**
 (c) Social Security No. **None**

4. Sex **Female**
 5. Color or race **White**
 6. (a) Single, widowed, married, divorced **widowed**
 (b) Name of husband or wife **David L. Douthat**
 (c) Age of husband or wife if alive **21** years
 7. Birth date of deceased **May 21, 1869**
 (Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	71	6	26	hr. min.

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

10. Usual occupation **At home**

11. Industry or business

MOTHER FATHER
 12. Name **Jackson Parrott**
 13. Birthplace **Don't know**
 (City, town, or county) (State or foreign country)
 14. Maiden name **Matilda Humbarger**
 15. Birthplace **Ohio**
 (City, town, or county) (State or foreign country)

16. (a) Informant **David L. Douthat**
 (b) Address **16 1/2 Westport Road**

17. (a) **Removal** (b) Date thereof **12-19-40**
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Pleasant Hill, Mo.**
Freeman Mortuary

18. (a) Signature of funeral director **Kansas City, Missouri**
 (b) Address

19. (a) **12-18-40** (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. **16 1/2 Westport Road**
 (If rural, give location)
 (e) If foreign born, how long in U. S. A. _____ years.

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month **Dec.** day **17**
 year **1940** hour **6** minute **4** P. M.

21. I hereby certify that I attended the deceased from **Oct. 31, 1940** to **December 17, 1940**;
 that I last saw her alive on **December 16, 1940**;
 and that death occurred on the date and hour stated above.

Immediate cause of death **Tuberculosis (Pulmonary) chronic**
 Duration **about 16 yrs.**

Due to **23**
 Due to

Other conditions (include pregnancy within 3 months of death)
 Major findings:
 Of operations
 Of autopsy

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?

361
 While at work? (Specify type of place) (e) Means of injury **3**

23. Signature **Dr. V. A. Hurrice** (M. D. or other) **DD**
 Address **414 Bryant Bldg.** Date signed **12/18/40**

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

10:30-1
Bygrave Bedy.

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 *Clarence W. Chiles*

Licensed Embalmer No. *3473*

P. O. Address *76 e 560*

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, fact should be so stated above.