

JAN 10 1941 399

Registration District No.

Primary Registration District No. **1002**

Registrar's No. **4839**

1. PLACE OF DEATH:

(a) County Jackson
(b) City or town Kansas City, Missouri
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
4319 Madison
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution. -----
(Specify whether
In this community 74 yrs
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson
(c) City or town Kansas City, Missouri
(If outside city or town limits write "RURAL")
(d) Street No. 4319 Madison
(If rural, give location)
(e) If foreign born, how long in U. S. A.? _____ years.

3. (a) PRINT FULL NAME Mrs. Ida Myrtle Southard

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

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Thomas W. Southard 6. (c) Age of husband or wife if alive 77 years
7. Birth date of deceased February 26 1866
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
74 9 23 hr. _____ min.

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

10. Usual occupation Housewife

11. Industry or business -----

MOTHER, FATHER { 12. Name James E. Crooks
13. Birthplace Penn.
(City, town, or county) (State or foreign country)
14. Maiden name Fredonia J. Walker
15. Birthplace Independence Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant Thomas W. Southard
(b) Address 4319 Madison

17. (a) Burial (b) Date thereof 12/21/40
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Forest Hill

18. (a) Signature of funeral director Waters Funeral Home
(b) Address Kansas City, Kansas
19. (a) 12-20-40 (b) M. M. Crowe
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December day 19
year 1940 hour 4 minute 15 a.m.

21. I hereby certify that I attended the deceased from Dec 19
1940 to Dec 19 1940
that I last saw her alive on Oct 21 1940
and that death occurred on the date and hour stated above.

Immediate cause of death. Coronary occlusion
Due to Arterio sclerosis

Due to 7-1-40
Other conditions -----
(Include pregnancy within 3 months of death)

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? 3/51
While at work? _____ (Specify type of place) (e) Means of injury _____
23. Signature R. C. Payne (M. D. or other) _____
Address 414 1/2 W. 13th Date signed 12, 19 40

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

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 *D Rose Blanford*

Licensed Embalmer No. *5015*

P. O. Address *5148 State Line*

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.