

No. 2
-12-40
17-39
X22

JAN 8 1941
Registration District No. 399

Primary Registration District No. 1002

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

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:
206 East 43rd Street
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 20 years
(Specify whether years, months or days)
 In this community 20 years

3. (a) PRINT FULL NAME Mrs. Ida M. Paul
 3. (b) If veteran, name war No
 3. (c) Social Security No. No

4. Sex Females
 5. Color or race white
 6. (a) Single, widowed, married, divorced widowed
 6. (b) Name of husband or wife Unknown
 6. (c) Age of husband or wife if alive --- years
 7. Birth date of deceased August 24, 1858
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>82</u>	<u>4</u>	<u>2</u>	hr. _____ min.

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

10. Usual occupation At home

11. Industry or business _____

MOTHER FATHER {
 12. Name Armsted T. Mason
 13. Birthplace Virginia
(City, town, or county) (State or foreign country)
 14. Maiden name Mary Sutphen
 15. Birthplace Ohio
(City, town, or county) (State or foreign country)

16. (a) Informant George E. Mason
 (b) Address 206 East 43rd Street

17. (a) Cremation (b) Date thereof 12-28-40
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: ~~burial~~ or cremation Elmwood

18. (a) Signature of funeral director Freeman Mortuary
 (b) Address 104 West 42nds Street

19. (a) 12-28-40 (b) M. H. 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. 206 East 43rd Street
(If rural, give location)
 (e) If foreign born, how long in U. S. A. ? _____ years.

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month 12 day 26 - 40
 year _____ hour _____ minute 11 P M.

21. I hereby certify that I attended the deceased from _____, 19____ to _____, 19____;
 that I last saw the deceased _____, 19____
 and that death occurred on the date and hour stated above.

Immediate cause of death Uterus
Pleno Curamomg Body

Due to _____
 Due to _____

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? _____

While at work? _____ (Specify type of place)
 (c) Means of injury 5

23. Signature Paul W. Ferr (M. D. or other) _____
 Address _____ Date signed _____

Duration _____
 Underline the cause to which death should be charged statistically.

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 K. C. Mo.

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.