

No. 2
-13-40
17-39
X23159

FEB 18 1941

1072

State File No. _____

Registration District No. 399

Primary Registration District No. 1002

Registrar's No. 5 32

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: 4212 Waddell
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____ (Specify whether _____)
In this community 40 years
years, months or days

3. (a) PRINT FULL NAME Mrs. Susie M. Hughes

3. (b) If veteran, name war No

3. (c) Social Security No. 495-10-4208

4. Sex Female

5. Color or race white

6. (a) Single, widowed, married, divorced divorced

6. (b) Name of husband or wife Unknown

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

7. Birth date of deceased June 6, 1890
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<u>50</u>	<u>6</u>	<u>27</u>	hr. _____ min. _____

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

10. Usual occupation Receptionist in Physicians office

11. Industry or business _____

MOTHER FATHER

12. Name C. W. Scott

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

14. Maiden name Bertha B. Muncy (State or foreign country) _____

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

16. (a) Informant Stanley M. Hughes

(b) Address 811 East 42nd St.

17. (a) Burial (Burial, cremation, or removal)

(b) Date thereof 1-4-1941 (Month) (Day) (Year)

(c) Place: burial or cremation Mt. Moriah

18. (a) Signature of funeral director Freeman Mortuary

(b) Address 104 West 42nd Street

19. (a) JAN-4, 1941 (Date received local registrar)

(b) M. M. Brown (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson 118

(c) City or town Kansas City 3
(If outside city or town limits, write "RURAL")

(d) Street No. 4212 Waddell 0
(If rural, give location)

(e) If foreign born, how long in U. S. A. ? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 2 nd. nd.
year 1941 hour 10:00 minute P.M.

21. I hereby certify that I attended the deceased from Sept 1940, 1940, to Jan 2, 1941;
that I last saw her alive on Jan 2, 1941;
and that death occurred on the date and hour stated above.

Primary cause of death Adeno-Carcinoma
Metastasis pan-abdominalis 6 years

Due to _____

Due to 490

Other conditions _____
(Include pregnancy within 3 months of death)

Major findings: Adeno carcinoma Cervix
Of operations Feb. 1935.

Of autopsy _____

Duration _____

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? _____

While at work? _____ (Specify type of place)

(e) Means of injury _____

23. Signature A. W. Davis M.D. (M. D. or other) _____

Address 402 W. 4th St. Bldg. Date signed 1-3-41

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

10:00 AM 11:00
3:00 PM 5:00
Withdrew Body
3:15 PM
—
—

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 Charles W. Chiles

Licensed Embalmer No. 3473

P. O. Address 76 E. 7th 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, fact should be so stated above.