

No. 2
4-13-40
-17-39
I X23159

RECORDED MAR 14 1941 99

State File No. _____

Registration District No. _____

Primary Registration District No. 1002

Registrar's No. 700

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:
Trinity Lutheran
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution. _____ (Specify whether
In this community. 1 1/2 Weeks
years, months or days)

3. (a) PRINT FULLNAME Harriett McDonald

3. (b) If veteran, name war _____ 3. (c) Social Security No. None

4. Sex. Fe. 5. Color or race. Wh. 6. (a) Single, widowed, married, divorced. Widow

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

7. Birth date of deceased. Sept. 18, 1846
(Month) (Day) (Year)

8. AGE: Years 94 Months 4 Days 27 If less than one day _____ hr. _____ min.

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

10. Usual occupation Homemaker

11. Industry or business _____

MOTHER FATHER { 12. Name William Carpenter

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 J. C. McDonald

(b) Address 3023 E. 6th St.

17. (a) Burial (b) Date thereof Jan. 17, 1941
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Forest Hill

18. (a) Signature of funeral director. C. H. Blackman & Son
2825 Indep. Blvd. K. C. Mo.

(b) Address _____

19. (a) 2/17/41 (b) M. M. Crow
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State. Missouri (b) County. Jackson 18

(c) City or town. Kansas City 3
(If outside city or town limits, write "RURAL") 8'

(d) Street No. 3023 E. 6th St.
(If rural, give location) 8

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 2 day 15
year 41 hour _____ minute _____ M.

21. I hereby certify that I attended the deceased from 2/11/41
_____ 19____ to _____ 19____;
that I last saw her alive on 2/15/41 _____ 19____;
and that death occurred on the date and hour stated above.

Immediate cause of death Bronchopneumonia
Duration 2 wks

Due to Cardiac Failure n.m.o

Due to Pulmonary Edema 10 days

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

107
107
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 John Ogleve (M. D. or other) _____

Address 730 Prof Bldg Date signed 2/17/41

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.....

Licensed Embalmer No.....

P. O. Address.....

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.