

FILED MAR 14 1941

Registration District No. 397

Primary Registration District No. 1002

Registrar's No. 787

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

48
3
8

1. PLACE OF DEATH:
 (a) County Jackson
 (b) City or town Kansas City
 (c) Name of hospital or institution 1917 E. 9th - 2nd West
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution _____ (Specify whether _____)
 In this community 28 years
 years, months or days

3. (a) PRINT FULL NAME Honnie Douglass

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

4. Sex Female 5. Color or race Col
 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Calvin Douglass 6. (c) Age of husband or wife if alive 50 years

7. Birth date of deceased: Aug. 23 1892
 (Month) (Day) (Year)

8. AGE: Years 47 Months 3 Days 26 If less than one day _____ hr. _____ min.

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

10. Usual occupation Womens Professional

11. Industry or business Club

MOTHER FATHER
 12. Name unk
 13. Birthplace unk 9 (City, town, or county) (State or foreign country)
 14. Maiden name unk
 15. Birthplace unk 9 (City, town, or county) (State or foreign country)

16. (a) Informant Calvin Douglass

(b) Address 1917 E. 9th

17. (a) Burial (b) Date thereof 2 24 1941
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Wynnton

18. (a) Signature of funeral director Adkins Bros.
 (b) Address 2000 E. 12th

19. (a) 2/24/41 (b) M. M. Cronin
 (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
 (a) State Mo. (b) County Jackson
 (c) City or town Kansas City
 (If outside city or town limits, write "RURAL")
 (d) Street No. 1917 E. 9th - 2nd West
 (If rural, give location)
 (e) If foreign born, how long in U. S. A.? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. day 19th year 1941 hour 3 minute 30 P. M.

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

Immediate cause of death Generalized Carcinoma
Carcinoma of Breast

Due to 50
 Due to _____

Other conditions (Include pregnancy within 3 months of death) _____
 Major findings: Of operations 50
 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 5
 23. Signature Spuller (M. D. or other)
 Address _____ Date signed _____

#5

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.....

Edw. J. Evans

Licensed Embalmer No.....

3836

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.