

**APR 15 1941**

Registration District No. 377

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:  
3407 E. 7th  
(If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution 1 year  
20 Years (Specify whether  
 In this community \_\_\_\_\_  
 years, months or days)

**2. USUAL RESIDENCE OF DECEASED:**  
 (a) State Mo. (b) County Jackson  
 (c) City or town m Kansas City, Mo.  
(If outside city or town limits, write "RURAL")  
 (d) Street No. 3407 E. 7th  
(If rural, give location)  
 (e) Citizen of foreign country? No (Yes or No)  
 If yes, name country \_\_\_\_\_

**3. (a) PRINT FULL NAME** Kate B. Baxter  
 (b) If veteran, name war No  
 (c) Social Security No. No

**MEDICAL CERTIFICATION**  
 20. DATE OF DEATH: Month Mar day 1st  
 year 1941 hour 10:00 AM minute AM  
 21. I hereby certify that I attended the deceased from Feb 21st  
 1941, to Feb 28th 1941  
 that I last saw her alive on Feb 28th 1941  
 and that death occurred on the date and hour stated above.

4. Sex Fe. 5. Color or race Wh.  
 6. (a) Single, widowed, married, divorced widow  
 (b) Name of husband or wife Herbert  
 (c) Age of husband or wife if alive \_\_\_\_\_ years

Immediate cause of death As of far pneumonia / Duration 8 day  
 Due to complicating a cold

**8. AGE:** Years 85 Months 7 Days 27  
 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

Due to \_\_\_\_\_  
 Other conditions myocarditis  
(Include pregnancy within 3 months of death)

9. Birthplace Muscatine Iowa  
(City, town, or county) (State or foreign country)  
 10. Usual occupation Homemaker  
 11. Industry or business None

Major findings: \_\_\_\_\_  
 Of operations \_\_\_\_\_  
 Of autopsy \_\_\_\_\_  
**PHYSICIAN** \_\_\_\_\_  
 Underline the cause to which death should be charged statistically.

**MOTHER FATHER**  
 12. Name Benjamin F. Mullis  
 13. Birthplace Pa.  
(City, town, or county) (State or foreign country)  
 14. Maiden name Unknown  
 15. Birthplace Pa.  
(City, town, or county) (State or foreign country)

**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?

16. (a) Informant Mrs. H. L. Coffman  
 (b) Address 144 Marsh  
 17. (a) Burial (b) Date thereof March 3, 1941  
(Burial, cremation, or removal) (Month) (Day) (Year)  
 (c) Place: burial or cremation Elmwood

While at work? \_\_\_\_\_ (Specify type of place) (c) Means of injury \_\_\_\_\_  
 23. Signature M. G. Williams (M. D. or other) \_\_\_\_\_  
 Address 123 N. Gladstone Date signed 3/11/41

18. (a) Signature of funeral director C. H. Blackman & Son, Inc.  
 (b) Address Kansas City, Mo.  
 19. (a) 3/2/41 (b) M. M. Brown  
(Date received local registrar) (Registrar's signature)

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**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

*R. D. Blackman*

Licensed Embalmer No.

*3639*

P. O. Address

*J. 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.**