S. No. 2
—1-4-41
5-17-39
PI X28390

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED APR 15 1941

Registration District No. 399

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1002

State File No. 9520

Registrar's No. 929

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: K.C. General Hospital No. 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 1 Mo. & 16 days (Specify whether years, months or days)
In this community

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. 919 Prospect
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME FLORENCE ROSE TEDWELL

3. (b) If veteran, name war No

3. (c) Social Security No. No

4. Sex fe

5. Color or race White

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

6. (b) Name of husband or wife Burage E. Tedwell

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

7. Birth date of deceased June 27 1886 (Month) (Day) (Year)

8. AGE: Years 54 Months 9 Days 17 If less than one day hr. min.

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

10. Usual occupation Housekeeper

11. Industry or business Housework

FATHER
12. Name Morgan
13. Birthplace Unknown (City, town, or county) 9 (State or foreign country)

MOTHER
14. Maiden name Unknown
15. Birthplace Unknown (City, town, or county) 9 (State or foreign country)

16. (a) Informant Anna Tedwell
(b) Address 919 Prospect

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof March 8 (Month) (Day) (Year)
(c) Place: burial or cremation Forest Lawn Cemetery

18. (a) Signature of funeral director E. K. Blackman
(b) Address Kansas City Mo

19. (a) Mar 5-41 (Date received local registrar) (b) M. M. Crowe (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 4th year 1941 hour 9:00 A.M. minute M.

21. I hereby certify that I attended the deceased from 12-16-41 19 to 3-4-41 19; that I last saw her alive on 3-4-41 19; and that death occurred on the date and hour stated above.

Immediate cause of death — Duration
Intracranial malignant chordoma; hepatomegalobatum; arteriosclerotic nephritis

Due to

Due to

Other conditions C.P.C of liver 5 d
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy
See above

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? (Specify type of place)
While at work (e) Means of injury

23. Signature Henry R. Thorn (M. D. or other)
Address Med. Dir. K.C. Gen. Hospital, K.C. Mo. Date signed

(Licensed Embalmer's Statement on Reverse Side)

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.