

APR 15 1941
Registration District No. **2471**

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: **309 Garfield**
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution **2 mo 2**
(Specify whether)

In this community **Non Resident**
years, months or days

3. (a) PRINT FULL NAME **BERTIE BELLE FARRER**

3. (b) If veteran, name war

3. (c) Social Security No. **none**

4. Sex **Fe!** 5. Color or race **w**

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

6. (b) Name of husband or wife **James**

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

7. Birth date of deceased **June 25 1865**
(Month) (Day) (Year)

8. AGE: Years **75** Months **8** Days **19**
If less than one day hr. min.

9. Birthplace **Watauga Ill. 1**
(City, town, or county) (State or foreign country)

10. Usual occupation **Housewife**

11. Industry or business **self**

12. Name **Francis Bruner**

13. Birthplace **Moyn Ill 1**
(City, town, or county) (State or foreign country)

14. Maiden name **Leontine Badger**

15. Birthplace **Oil City Pa 1**
(City, town, or county) (State or foreign country)

16. (a) Informant **Wm F. Jener**
(b) Address **809 Parallel**

17. (a) **Burial** (b) Date thereof **30 17-41**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Mt Hope - Kks**

18. (a) Signature of funeral director **Robertson**

(b) Address **Kekonsa**

19. (a) **3/16/41** (b) **M. M. Crowe**
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED: **997**

(a) State **Kansas** (b) County **Wyandotte**

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

(d) Street No. **809 Parallel**
(If rural, give location)

(e) If foreign born, how long in U. S. A? **2** years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **March** day **14** year **1941** hour **6** minute **30 A.M.**

21. I hereby certify that I attended the deceased from **March 14 1941** to **March 14 1941** and that I last saw her alive on **March 14 1941** and that death occurred on the date and hour stated above.

Immediate cause of death **Chronic Hypertension 3 yrs**
Paralysis 5 yrs

Due to **12/18**

Due to **12/18**

Other conditions (Include pregnancy within 3 months of death) **12/18**

Major findings: Of operations

Of autopsy **None**

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 **3-14-41**

(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? **No**

While at work? (Specify type of place) (e) Means of injury **None**

23. Signature **P. P. Malone** (M. D. or other)

Address **809 Parallel** Date signed **3-14-41**

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

R. A. Fulton

Licensed Embalmer No. *3503*

P. O. Address *Kansas*

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.