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13-40
7-39
X23159

Registration District No. 399

Primary Registration District No. 1002

1. PLACE OF DEATH:

(a) County Jackson
(b) City or town Kansas City, Mo.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Kansas City Convalescent Home
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 6 Months & 16 Days
(Specify whether
In this community Forty Years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson
(c) City or town Jackson County
(If outside city or town limits, write "RURAL")
(d) Street No. Jackson County Home
(If rural, give location)
(e) If foreign born, how long in U. S. A. _____ years.

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MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 8
year 1941 hour 2 am minute _____ M.

21. I hereby certify that I attended the deceased from June 3, 1941
_____, 19____, to June 5, 1941
_____, 19____, and that death occurred on the date and hour stated above.

Immediate cause of death _____

Due to Cancer of lower

Due to bowel

Other conditions Carcinoma of large intestine
(Include pregnancy within 3 months of death)

Major findings:
Of operations III
Of autopsy 462

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 _____

23. Signature A. P. Lane (M. D. or other) _____

Address 0200 North 79 Date 6/8/41

3. (a) PRINT FULL NAME HARRY RIPLEY

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

4. Sex M 5. Color or race W 6. (a) Single, widowed, married, divorced, Widowed

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

7. Birth date of deceased. Feb. 19 1866
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
73 7/4 3 20 hr. _____ min.

9. Birthplace New Orleans La. (City, town, or county) (State or foreign country)

10. Usual occupation Plaster & Bricklayer

11. Industry or business _____

12. Name Thattaus Ripley

13. Birthplace New Orleans La. (City, town, or county) (State or foreign country)

14. Maiden name Louise Bishop

15. Birthplace Weston Mo. (City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Charles E. Brown

(b) Address 3433 N. 13th Kansas City, Kans

17. (a) Removed (b) Date thereof 6/15/41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Blue Springs mo

18. (a) Signature of funeral director Harold R...

(b) Address 7406 W. 13th St. Kansas City, Mo.

19. (a) 6/13/1941 (b) M. D. (Registrar's signature)

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

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.....

Harlyn Rae
working under my personal supervision.

....., Registered Apprentice No.

Signed *Harlyn Rae*

Licensed Embalmer No. *2870*

P. O. Address *76 Emma*

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.