

Registration District No. 399

Primary Registration District No. 1002

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:  
1017 1/2 Michigan  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution. 20 years (Specify whether  
In this community. years, months or days)

3. (a) PRINT FULL NAME Theresa Hagood

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

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

6. (b) Name of husband or wife. Edward Hagood  
6. (c) Age of husband or wife if alive. 46 years

7. Birth date of deceased. July 16, 1893  
(Month) (Day) (Year)

8. AGE: Years 47 Months 10 Days 24  
If less than one day hr. min.

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

10. Usual occupation. Housewife

MOTHER FATHER  
11. Industry or business.

12. Name. Willis Douglass  
13. Birthplace. Alabama  
(City, town, or county) (State or foreign country)  
14. Maiden name. Elvira Cross  
15. Birthplace. Tenn  
(City, town, or county) (State or foreign country)

16. (a) Informant. Elvira Douglass  
(b) Address. 613 E. 17th, Topeka, Kansas

17. (a) burial (b) Date thereof. 6/17/41  
(Burial, cremation, or removal) Highland Cemetery  
(c) Place: burial or cremation

18. (a) Signature of funeral director. Watkins Bros  
(b) Address. 1729 Lydia

19. (a) 6/17/41 (b) M. M. Crowe  
(Date received local registrar) (Registrar's signature)

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. 1017 1/2 Michigan  
(If rural, give location)  
(e) Citizen of foreign country? (Yes or No)  
If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 6-192-41  
year hour minute 9:50 A.M.

21. I hereby certify that I attended the deceased from  
that I last saw him alive on  
and that death occurred on the date and hour stated above.

Immediate cause of death. Duration

Hypertrophus Stage 2  
Due to  
Cholesterol in the arteries of the heart  
Due to

Other conditions. 124-19  
(Include pregnancy within 3 months of death)

Major findings:  
Of operations.

Of autopsy.

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. Russell W. Crowe (M. D. or other)  
Address. Date signed

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

048  
308

**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 *J. Manlove*  
Licensed Embalmer No. *3994*  
P. O. Address *1120 E. 23rd St.*

**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.**