

Registration District No. 1002

Primary Registration District No. 1002

Registrar's No. \_\_\_\_\_

REC'D JUL 3 1941

048  
833

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 two days (Specify whether  
In this community ✓ years, months or days)

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. 4021 Main St. (If rural, give location)  
(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 27th  
year 1941 hour 6 minute 40 A. M.

21. I hereby certify that I attended the deceased from  
6-25-41, 19\_\_\_\_, to 6-27-41, 19\_\_\_\_;  
that I last saw her alive on 6-27-41, 19\_\_\_\_;  
and that death occurred on the date and hour stated above.

Immediate cause of death \_\_\_\_\_  
Carcinoma of the cervix

Due to \_\_\_\_\_  
Due to \_\_\_\_\_

Other conditions Hydronephrosis and Hydronephrosis  
(Include pregnancy within 3 months of death)

Major findings:  
Of operations \_\_\_\_\_  
Of autopsy See above

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)  
Means of injury \_\_\_\_\_  
23. Signature Dr. R. P. Thon (M. D. or other) \_\_\_\_\_  
Address Med. Dir. K.C. Gen. Hospital Date signed \_\_\_\_\_

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

3. (a) PRINT FULL NAME GERTRUDE DUNHAM

3. (b) If veteran, name war ✓ 3. (c) Social Security No. No

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced, widowed

6. (b) Name of husband or wife Wm. Dunham 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased August 6 1880  
(Month) (Day) (Year)

8. AGE: Years 60 Months 10 Days 21 If less than one day hr. \_\_\_\_\_ min. \_\_\_\_\_

9. Birthplace St. Joseph, Mo  
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business Home

12. Name Theodore Bohner

13. Birthplace Unknown, Ia  
(City, town, or county) (State or foreign country)

14. Maiden name Mary Emma  
15. Birthplace New Orleans, La  
(City, town, or county) (State or foreign country)

16. (a) Informant Helen Sparks

(b) Address Kansas City, Mo

17. (a) Removal (b) Date thereof June 27-41  
(Special cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Hawatha, Kansas

18. (a) Signature of funeral director J. A. Butcher Sons

(b) Address 153 Central Ave, Kansas City, Kan

19. (a) 6/30/41 (b) M. N. Brown  
(Date received local registrar) (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.....  
....., Registered Apprentice No.....  
working under my personal supervision.

Signed..... *Paul Bell*

Licensed Embalmer No. *Mo. 3426*

P. O. Address *Kansas City 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.**