

Registration District No. 397

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:  
2656 East 8th St.  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 20 years (Specify whether years, months or days)  
In this community 1 (Specify whether 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. 2656 East 8th St.  
(If rural, give location)  
(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country 0

3. (a) PRINT FULL NAME Hattie Porter Rowe

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

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

6. (b) Name of husband or wife Perry Rowe 6. (c) Age of husband or wife if alive 48 years

7. Birth date of deceased October 17, 1882  
(Month) (Day) (Year)

8. AGE: Years 58 Months 8 Days 15 If less than one day hr. min.

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

10. Usual occupation At Home

11. Industry or business \_\_\_\_\_

12. Name Henry Porter

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

14. Maiden name Dizzle

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

16. (a) Informant Perry Rowe

(b) Address 2656 East 8th St.

17. (a) removal (b) Date thereof 7/3/41  
(Burial, cremation, or removal) (Month) (Day) (Year)  
Liberty, Mo.

(c) Place: burial or cremation \_\_\_\_\_

18. (a) Signature of funeral director Hobkins Bros

(b) Address 1729 Lydia

19. (a) 7/3/41 (b) M. M. Crow  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 1st  
year 1941 hour 1 minute 30 A.M.

21. I hereby certify that I attended the deceased from May 16th 1941 to July 1st 1941  
that I last saw her alive on July 1st 1941  
and that death occurred on the date and hour stated above.

Immediate cause of death "Acute Pulmonary Tuberculosis" Duration 6 mos.  
Due to Exposure to cold, poor general hygienic living conditions  
Due to \_\_\_\_\_

Other conditions Chronic Parenchymatous Nephritis  
(Include pregnancy within 3 months of death)

Major findings: \_\_\_\_\_ Of operations \_\_\_\_\_

Of autopsy no \_\_\_\_\_

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) Mean of injury \_\_\_\_\_  
23. Signature Edward J. Galt (Date) \_\_\_\_\_ (Other) \_\_\_\_\_  
Address 1619 E. 12th St. Date signed 7/3/41

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

MOTHER FATHER

8  
3  
8

**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..... *Isaac Jerome Manlow*  
Licensed Embalmer No. *3994*  
P. O. Address..... *2503 Highland*

**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.**