

FILED AUG 16 1941
Registration District No. 399

Primary Registration District No. 1002

Registrar's No.

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 2 mos. & 12 days
In this community 26 yrs 0
years, months or days (Specify whether)

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. 538 1/2 Main St.
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes name country D

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 25th
year 1941 hour 1 minute 50 A.M. M.

21. I hereby certify that I attended the deceased from 5-13-41 1941 to 7-25-41 1941
that I last saw her alive on 7-25-41 1941
and that death occurred on the date and hour stated above.

Immediate cause of death Avances pulmonary tuberculosis

Due to 13 1/2
Due to 13 1/2

Other conditions (Include pregnancy within 3 months of death) 13 1/2

Major findings: Of operations None

Of autopsy None

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? _____

(Specify type of place) _____
While at work? _____ Means of injury _____
23. Signature Dorothy R. Thone (M. D. or other) D
Address Med. Dir. K.C. Gen. Hospital Date signed _____

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

3. (a) PRINT FULL NAME PEARL ROBB

3. (b) If veteran name was No 3. (c) Social Security No. No

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

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

7. Birth date of deceased May 5 1897
(Month) (Day) (Year)

8. AGE: Years 44 Months 2 Days 20 If less than one day _____ hr. _____ min.

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

10. Usual occupation None

11. Industry or business _____

12. Name Henry H Jamison

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

14. Maiden name Laura Cook

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

16. (a) Informant Lula Smith

(b) Address 550 Main

17. (a) burial (b) Date thereof 7/28/41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Mt Washington Cem

18. (a) Signature of funeral director SEBETO'S

(b) Address 901 E 5th

19. (a) 7-28-41 (b) M. M. Crowe
(Date received local registrar) (Registrar's signature)

(Licensed Embalmer's Statement on Reverse Side)

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.....

Ray E. Snow

Licensed Embalmer No. *2560*

P. O. Address *1807 East 29th*

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.