

No. 2  
1-4-41  
5-17-39  
X26390

FILLED SEP 12 1941

Registration District No. **399**

Primary Registration District No. **1002**

Registrar's No. **2968**

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 **14 days**  
In this community **62 yrs.** (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. **4011 Baltimore**  
(If rural, give location)  
(e) Citizen of foreign country? **0** (Yes or No)  
If yes, name country

3. (a) PRINT FULL NAME **Bernice Frederick**

3. (b) If veteran, name war **No** 3. (c) Social Security No. **4860 03-351**

4. Sex **Fe** 5. Color or race **White** 6. (a) Single, widowed, married, divorced **Single**  
6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
7. Birth date of deceased **Nov 16 18 79**  
(Month) (Day) (Year)

8. AGE: Years **62** Months **4** Days **18** If less than one day hr min

9. Birthplace **K. C. Mo** (City, town or county) (State or foreign country)

10. Usual occupation **clerk**

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

12. Name **Phillip Fdk**

13. Birthplace **May, Ohio** (City, town or county) (State or foreign country)

14. Maiden name **Workson**

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

16. (a) Informant **General Hospital Records**

(b) Address **K.C. Mo**

17. (a) **Burial** (b) Date thereof **8-5-41**  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Elmwood S. Mo**

18. (a) Signature of funeral director **Wm. H. Brown**

(b) Address **8323 1/2 S. 41st St. Clay Co. Mo**

19. (a) **8/5/41** (b) **W. H. Brown**  
(Date received local registrar) (Registrar's signature)

(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **August** day **4th**  
**351** year **1941** hour **1** minute **10 A.M.**

21. I hereby certify that I attended the deceased from **7-21-41** 19 to **8-4-41** 19  
that I last saw h. **er** alive on **8-4-41** 19  
and that death occurred on the date and hour stated above.

Immediate cause of death **Toxic myocarditis**

Due to **Carcinoma of uterus, Cachexia**

Due to **488**

Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

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

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? \_\_\_\_\_

While at work? \_\_\_\_\_ (Specify type of place) (e) Means of injury \_\_\_\_\_

23. Signature **Wm. H. Brown** (M. D. or other) **0**  
Address **M.D. Dir. N.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

8950

me

---

---

**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.....

*Felix Perry*

Licensed Embalmer No.....

*04127*

P. O. Address.....

*KC Mo.*

**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.**