

FILED OCT 13 1941

3527

Registration District No. 395

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:
General Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 22 days (Specify whether
In this community 25 Yrs. 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. 1807 Winchester (If rural, give location)
(e) If foreign born, how long in U. S. A. 0 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month September day 21
year 1941 hour 11 minute 40 A. M.
21. I hereby certify that I attended the deceased from
August 16th, 1941, to September 21, 1941;
that I last saw h. her alive on September 21, 1941;
and that death occurred on the date and hour stated above.

Immediate cause of death Heart failure,
Due to chronic nephritis
Due to

Duration

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

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) (a) Means of injury

25. Signature Dwight R. Shaw (M. D. or other)
Address _____ Date signed _____

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

3. (a) PRINT FULL NAME Harrell Dora

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

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

6. (b) Name of husband or wife Guy Harrell 6. (c) Age of husband or wife if alive 55 years

7. Birth date of deceased May 3, 1888
(Month) (Day) (Year)

8. AGE: Years 53 Months 4 Days 19
If less than one day hr. min.

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

10. Usual occupation Housewife

11. Industry or business

12. Name John Watson

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

14. Maiden name Mary Cross
(City, town, or county) (State or foreign country)

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

16. (a) Informant Guy Harrell

(b) Address 1807 Winchester

17. (a) Burial (b) Date thereof Sept. 23, 1941
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Mt. Washington Cem.

18. (a) Signature of funeral director Rose & Henderson

(b) Address Kansas City, Mo.

19. (a) 9/22/41 (b) M. M. Crowe
(Date received local registrar) (Registrar's signature)

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. C. Henderson*

Licensed Embalmer No. *3657*

P. O. Address.....

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.