

Registration District No. 399

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: General Hospital  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 41 days (Specify whether in this community Unknown years, months or days)

3. (a) PRINT FULL NAME Holderby Minnie

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 Widowed

6. (b) Name of husband or wife Widowed -- Unknown 6. (c) Age of husband or wife if alive years

7. Birth date of deceased 10 1845 (Month) (Day) (Year) 1864

8. AGE: Years 75 76 Months 9 Days 16 If less than one day hr. min.

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

10. Usual occupation Housewife

11. Industry or business

12. Name Anna J. Morgan

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

14. Maiden name Mrs. J. J. White

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

16. (a) Informant Fred White

(b) Address 1314 College

17. (a) Natural (b) Date thereof Sept 29 41 (Month) (Day) (Year)

(c) Place: burial or cremation Emmerson Cem

18. (a) Signature of funeral directors State Funeral Home

(b) Address 9/27/43

19. (a) 9/27/43 (b) M. M. Crowe (Date received local registrar) (Registrar's signature)

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. 3221 Perry (If rural, give location)  
(e) If foreign born, how long in U. S. A.? \_\_\_\_\_ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept. day 26 year 1941 hour 10 minute 30 A. M.

21. I hereby certify that I attended the deceased from August 16 1941 Sept. 26 1941  
that I last saw her alive on September 26 1941  
and that death occurred on the date and hour stated above.

Immediate cause of death Cancer Cervix  
9 pelvic abscess

Due to 480

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

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations 480

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) (e) Means of injury \_\_\_\_\_

23. Signature Anna R. Thom (M. D. or other) \_\_\_\_\_

Address Medical Director for Hosp. Date signed 9/29/41

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

7-517

**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: *Jennie D. Huckshorn*

Licensed Embalmer No. *4092*

P. O. Address *R. C. Kane*

**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.**