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X23159

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

State File No. _____

DEC 22 1941 399

Registration District No. _____

Primary Registration District No. 1002

Registrar's No. 4370

1. PLACE OF DEATH:

(a) County. Jackson

(b) City or town. JCMO
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
Home 1015 Pacific
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____
(Specify whether years, months or days)

In this community. Don't know

2. USUAL RESIDENCE OF DECEASED:

(a) State. mo (b) County. Jackson

(c) City or town. Kansas City mo
(If outside city or town limits, write "RURAL")

(d) Street No. 1015 Pacific
(If rural, give location)

(e) If foreign born, how long in U. S. A.? _____ years.

3. (a) PRINT FULL NAME MARY WALKER

3. (b) If veteran, name war. no

3. (c) Social Security No. none

4. Sex. Female

5. Color or race. negro

6. (a) Single, widowed, married, divorced. Don't know

6. (b) Name of husband or wife. _____

6. (c) Age of husband or wife if alive. _____ years

7. Birth date of deceased unknown 1910
(Month) (Day) (Year)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 11 day 20
year 1941 hour 9:30 minute. A.M.

21. I hereby certify that I attended the deceased from _____ to _____, 19____; that I last saw him _____ alive on _____, 19____; and that death occurred on the date and hour stated above. Immediate cause of death Chronic Coronary

8. AGE: Years 31 Months unknown Days _____ If less than one day _____ hr. _____ min.

Duration _____

Du. Chronic myocardial

Due to. 9315

Other conditions. _____
(Include pregnancy within 3 months of death)

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

10. Usual occupation unemployed

11. Industry or business _____

MOTHER FATHER

12. Name Don't know

13. Birthplace Don't know _____
(City, town, or county) (State or foreign country)

14. Maiden name Don't know

15. Birthplace Don't know _____
(City, town, or county) (State or foreign country)

16. (a) Informant. Coroners Office

(b) Address Jackson Co. Mo

17. (a) Retrieval (b) Date thereof. 11-24-41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: K. C. Western Dental College
7th & Green streets

18. (a) Signature of funeral director. M. M. Crow

(b) Address. 1819 E. 15th St. JCMO

19. (a) 11-25-41 (b) M. M. Crow
(Date received local registrar) (Registrar's signature)

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

Major findings:
Of operations _____
Of autopsy. Infection

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)
(c) Means of injury 3

23. Signature Leslie H. Huber (M. D. or other) _____
Address J.C.M.O. Date signed _____

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.....

Licensed Embalmer No. 3836

P. O. Address 1816 15th St N.W.

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.