

Registration District No. 399

Primary Registration District No. 1002

Registrar's No. 4467

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 No. 2
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 11-8-41-11-23-41
In this community 13 years (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. 620 Troost
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month NOV. day 23
year 1941 hour 1 minute 25 a. M.

21. I hereby certify that I attended the deceased from
November 8, 1941 to November 23, 1941
that I last saw her alive on November 23, 1941
and that death occurred on the date and hour stated above.

Immediate cause of death Ruptured Appendix with generalized peritonitis

Duration

Due to _____

Due to _____

Other conditions (include pregnancy within 3 months of death)

PHYSICIAN

Major findings: Of operations _____

Of autopsy _____

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) _____ (Means of injury)

23. Signature [Signature] (M.D. or other) _____
Address 1513 Troost Date signed 11-24-41

3. (a) PRINT FULL NAME CHRISTOLA STONE

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

4. Sex Female 5. Color or race Negro 6. (a) Single, widowed, married, divorced Widow

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

7. Birth date of deceased September 22 1909
(Month) (Day) (Year)

8. AGE: Years 32 Months 2 Days 1 If less than one day _____ hr. _____ min.

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

10. Usual occupation Unemployed

11. Industry or business _____

12. Name Deceased

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

14. Maiden name Deceased

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

16. (a) Informant Record Clerk

(b) Address General Hospital No. 2

17. (a) Removal (b) Date thereof 12-2-1941
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Anatomical Board

18. (a) Signature of funeral director [Signature]

(b) Address 1513 Troost

19. (a) Dec 2-1941 (b) M. M. Crone
(Date received local registrar) (Registrar's signature)

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

48
3
8

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

Oscar Samuelson

Licensed Embalmer No.

3002

P. O. Address

KANSAS CITY, 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.