

Registration District No. 397

Primary Registration District No. 1002

1. PLACE OF DEATH: Jackson
 (a) County _____
 (b) City or town Kansas City
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: Trinity Hospital
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 1 Day
(Specify whether years, months or days)
 In this community 40 Yrs. 0

3. (a) PRINT FULL NAME Susa Bee Hess
 3. (b) If veteran, name war No.
 3. (c) Social Security No. 486-05-4835

4. Sex Fe. | 5. Color or race Wh.
 6. (a) Single, widowed, married, divorced Wid.
 6. (b) Name of husband or wife A. D. Hess
 6. (c) Age of husband or wife if alive years
 7. Birth date of deceased: Jan. 5th. 1879
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
62 11 7 hr. min.

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

10. Usual occupation Saleslady Berkson

11. Industry or business _____

MOTHER FATHER {
 12. Name Patrick Smith
 13. Birthplace Raleigh Ill.
(City, town, or county) (State or foreign country)
 14. Maiden name Betty Haynes
 15. Birthplace Dallas Texas
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. A. C. Tatlock
 (b) Address Edwardsville Kans.

17. (a) Burial (b) Date thereof Dec. 15-41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Forest Hill

18. (a) Signature of funeral director Eylar Funeral Home
 (b) Address 1800 Linwood K.C.Mo

19. (a) Dec 15, 1941 (b) M. M. Crown
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
 (a) State Mo. (b) County Jackson 048
 (c) City or town Kansas City 9
(If outside city or town limits, write "RURAL")
 (d) Street No. 3534 Garfield Ave.
(If rural, give location)
 (e) If foreign born, how long in U. S. A.? 0 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 12-12-41 year _____ hour 4:45 minute _____ M.

21. I hereby certify that I attended the deceased from 1-1-41 to 12-12-41, 19____; that I last saw her alive on _____, 19____; and that death occurred on the date and hour stated above.

Immediate cause of death Toxemia from malnutrition of pancreas
 Due to Ca. of Pancreas

Duration

6 mo.

Due to _____

Other conditions H6g
(Include pregnancy within 3 months of death)

Major findings: Ca. head of pancreas
 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) (e) Means of injury.

23. Signature Robert M. Meyer (M. D. or other) M.D.
 Address 1025 Qualls Bldg Date signed 12-13-41

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

18 mg

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.....

Chas Wilks

Licensed Embalmer No.....

2644

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.