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DEPARTMENT OF COMMERCE

BUREAU OF THE CENSUS

FILED FEB 11 1942

Registration District No. 399

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1002

State File No. 1174

Registrar's No. 154

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:
K.C. General Hospital No. 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution. 3 days
(Specify whether
In this community 22 years
years, months or days)

3. (a) PRINT FULL NAME. GRACE EDWARDS
3. (b) If veteran, name war. None
3. (c) Social Security No. None

4. Sex. Female / 5. Color or race. White
6. (a) Single, widowed, married, divorced. Widowed
6. (b) Name of husband or wife. Unknown
6. (c) Age of husband or wife if alive. 48 years
7. Birth date of deceased. Dec. 13 1871
(Month) (Day) (Year)

8. AGE: 70 Years Months Days If less than one day
22 hr. min.

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

10. Usual occupation. Housework

11. Industry or business

12. Name. John Noble

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

14. Maiden name. Jo Anna Stalle

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

16. (a) Informant. Record Clerk

(b) Address. K.C. Mo. General Hosp.

17. (a) Burial (b) Date thereof. 1-14-42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation. Mapel Hill

18. (a) Signature of funeral director. Weillert Funeral Home

(b) Address. 2332 Monitor Plaza; K.C. Mo.

19. (a) 1-13-42 (b) M. M. Crowe
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
Missouri Jackson 48
(a) State (b) County
(c) City or town. Kansas City 8
(If outside city or town limits, write "RURAL")
(d) Street No. 505 Independence Avenue
(If rural, give location)
(e) If foreign born, how long in U. S. A.? 0 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan. day 5th
year 1942 hour 4 minute 40 P. M.

21. I hereby certify that I attended the deceased from 1-2-42 to 1-5-42
that I last saw her alive on 1-5-42
and that death occurred on the date and hour stated above.

Immediate cause of death. Hypertensive cardio vascular renal disease

Duration

Due to

Due to

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) (e) Means of injury

23. Signature. M. M. Crowe (M. D. or other)
Address. Med. Dir. K.C. Gen. Hospital Date signed

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

MOTHER FATHER

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.....

Blaine E. Weller

Licensed Embalmer No.

4075

P. O. Address *2332 Monitor Dr*

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.