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FILED MAR 9 1942
Registration District No. **399**

Primary Registration District No. **1002**

Registrar's No. **576**

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

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 2200 Olive St
(If not in hospital or institution, write street number or location)

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

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson **48**

(c) City or town Kansas City
(If outside city or town limits, write "RURAL") **3**

(d) Street No. 2200 Olive St
(If rural, give location) **7**

(e) If foreign born, how long in U. S. A.? 0 years.

3. (a) PRINT FULL NAME Lois Wardell

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

3. (c) Social Security No. none

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month February day 6
year 1942 hour 9 minute 45 A.M.

4. Sex Female 5. Color or race Negro

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Nathan Wardell

6. (c) Age of husband or wife if alive 57 years

7. Birth date of deceased: April 25 1900
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from Jan 26 - 1942
to Feb 6 1942
that I last saw him alive on Jan 26 1942
and that death occurred on the date and hour stated above.

8. AGE: Years 41 Months 9 Days 11
If less than one day hr. min.

Immediate cause of death Mitral Regurgitation

Due to 92B

Other conditions (Include pregnancy within 3 months of death)

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

10. Usual occupation House wife

Major findings: Of operations _____

Of autopsy _____

PHYSICIAN _____
Underline the cause to which death should be charged statistically.

MOTHER FATHER

11. Industry or business _____

12. Name Thomas Taylor

13. Birthplace Dont Know 9 Dont Know
(City, town, or county) (State or foreign country)

14. Maiden name Marriah Rife Dont Know

15. Birthplace Dont Know 9 Dont Know
(City, town, or county) (State or foreign country)

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? _____

16. (a) Informant Nathan Wardell

(b) Address 2200 Olive St

17. (a) Burial (b) Date thereof Feb. 9 - 1942
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation West Lawn Cemetery

23. Signature [Signature] (M. D. or other) _____
Address 1705 E 12 Date signed Feb 7 42

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

(b) Address 1705 E 12

19. (a) 2/9/42 (b) [Signature]
(Date received local registrar) (Registrar's signature)

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

C. H. West

Licensed Embalmer No. *2710*

P. O. Address *K. C. 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.