

FILED MAR 18 1942  
Registration District No. 4734

Primary Registration District No. 5558

State File No. \_\_\_\_\_  
Registrar's No. 12

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

1. PLACE OF DEATH: Jackson  
 (a) County  
 (b) City or town: Kansas City, Missouri  
 (c) Name of hospital or institution: Armour Mem. Home  
 (d) Length of stay: In hospital or institution 12 years  
 In this community Over 50 years

3. (a) PRINT FULL NAME: Mrs. Michä Happy  
 (b) If veteran, name war: no.  
 (c) Social Security No.: N.D.

4. Sex: Female  
 5. Color or race: White  
 6. (a) Single, widowed, married, divorced, Widowed  
 (b) Name of husband or wife: Unknown  
 (c) Age of husband or wife if alive: X years

7. Birth date of deceased: May 10 1856  
 (Month) (Day) (Year)

8. AGE: Years 85 Months 9 Days 21  
 If less than one day hr. min.

9. Birthplace: Brook Co West Virginia  
 (City, town, or county) (State or foreign country)

10. Usual occupation: Dress maker Retired.

11. Industry or business: \_\_\_\_\_

12. Name: Joseph Atkinson

13. Birthplace: Brook Co W. Virginia  
 (City, town, or county) (State or foreign country)

14. Maiden name: Margaret Anne Griffith

15. Birthplace: Brook Co. W. Virginia  
 (City, town, or county) (State or foreign country)

16. (a) Informant: Armour Home Records,  
 (b) Address: 81st and Wornall Road, K.C., Mo.

17. (a) Burial, (b) Date thereof: 3-4-42  
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation: Union Cemetery

18. (a) Signature of funeral director: Stine & McClure,  
 (b) Address: 3235 Gillhem Plaza, K. C., Mo.

19. (a) 3/9/42 (b) R. V. Lindsey & Sons  
 (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:  
 (a) State: Missouri, (b) County: Jackson,  
 (c) City or town: Kansas City,  
 (d) Street No.: Samour Memorial Home,  
 (e) If foreign born, how long in U. S. A.?: X years.

MEDICAL CERTIFICATION  
 20. DATE OF DEATH: Month March day 3rd,  
 year 1942 hour minute A M.  
 21. I hereby certify that I attended the deceased from Dec 1 - 1936, to Feb. 3 - 1942  
 that I last saw him alive on Feb. 2 - 1942  
 and that death occurred on the date and hour stated above.

Immediate cause of death: Broncho Pneumonia -  
 Due to: influenza -  
 Other conditions: 101  
 (Include pregnancy within 3 months of death)  
 Major findings:  
 Of operations:  
 Of autopsy:

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: R. D. Cantrell (M. D. or other)  
 Address: 636 W. 44th (3rd) Date signed: 3-3-42

*copy to Betty*

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**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.....

*Felix Perez*

Licensed Embalmer No.....

*H 127*

P. O. Address.....

*15.07m*

**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.**