

FILED MAR 9 1942

State File No.

Registration District No. 404

Primary Registration District No. 5558

Registrar's No. 8

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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:
223 West 82nd Terrace
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____ (Specify whether
In this community 33 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. 223 West 82nd Terrace
(If rural, give location)

(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Mrs. Mary Frances Hewitt

MEDICAL CERTIFICATION

3. (b) If veteran, name war None 3. (c) Social Security No. None

20. DATE OF DEATH: Month February day 14
year 1942 hour 10 minute 45 A.M.

4. Sex Female 5. Color or race White

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

6. (b) Name of husband or wife Mr. Newton Leeds Hewitt

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

7. Birth date of deceased: June 17 1850
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from Jan. 15 1942 to Feb. 14 1942
that I last saw her alive on Feb. 13 1942
and that death occurred on the date and hour stated above.

8. AGE:	Years	Months	Days	If less than one day
	<u>91</u>	<u>7</u>	<u>28</u>	hr. _____ min. _____

Immediate cause of death: Atherosclerosis
Chronic Bronchitis
Chronic nephritis
Cardiac Failure

Due to _____

Due to Old age

9. Birthplace Blackstone Massachusetts
(City, town, or county) (State or foreign country)

Other conditions (Include pregnancy within 3 months of death)

10. Usual occupation None

PHYSICIAN

11. Industry or business At Home

Major findings: 1318

Of operations _____

Of autopsy _____

Underline the cause to which death should be charged statistically.

12. Name Edward Arnold

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

14. Maiden name Jane O'Hara

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

16. (a) Informant Mrs. Cassie J. Long

(b) Address 223 West 82nd Terrace

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

(c) Place: burial or cremation Forest Hill Cemetery

18. (a) Signature of funeral director D. W. Newkirk

(b) Address 1401 Brush Creek Blvd.

19. (a) _____ (b) _____
(Date received local registrar) (Signature)

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 1

23. Signature John Jones (M. D. or other)

Address 801 + Pasert Date signed _____

Mr. Geo. H. Jones
80th Para
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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..... *C. Hervey Quisenberry*
Licensed Embalmer No..... *4070*
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.