

FILED APR 25 1942

Registration District No. 399

Primary Registration District No. 1002

Registrar's No.

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: Research Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 7 days
In this community Life (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. 3875 E. 60th
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country 0

3. (a) PRINT Mrs. Cora A. Larson
FULL NAME

3. (b) If veteran, name war XX
3. (c) Social Security No. None 490-10-6850

4. Sex Fe 5. Color or race Wh
6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Leslie Larson
6. (c) Age of husband or wife if alive 38 years

7. Birth date of deceased July 6 1903
(Month) (Day) (Year)

8. AGE: Years 38 Months 9 Days 2
If less than one day hr. min.

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

10. Usual occupation At Home Floor worker

11. Industry or business Crowd paper box co.

12. Name Gustave Reinecke

13. Birthplace St. Louis Mo.
(City, town, or county) (State or foreign country)

14. Maiden name unk.

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

16. (a) Informant Leslie Larson
(b) Address 3875 E. 60th St.

17. (a) Burial (b) Date thereof 4-10-42
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Memorial Park

18. (a) Signature of funeral director J. W. Wagner
(b) Address Kansas City, Mo.

19. (a) 4-9-42 (b) M. M. Crowe
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 8th
year 1942 hour 1 minute 15 P. M.

21. I hereby certify that I attended the deceased from 4-3 1942
that I last saw her alive on 4-8-42 1942
and that death occurred on the date and hour stated above.

Immediate cause of death General Peritonitis Duration 10 days

Due to Pt. Tubercularian Duration 10 days
Due to abscess rupture

Other conditions 139a
(Include pregnancy within 3 months of death)

Major findings: Of operations no operation
Of autopsy Peritonitis Pt. Pelvic abscess
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) Manner of injury _____

23. Signature [Signature] (M. D. or other) 0
Address 1510 Date signed 4-9-42

1016 Professional Exp
VI-0343

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..... *A. R. H. Haenschel*

Licensed Embalmer No. *4159*

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.