

FILED MAY 12 1942

Registration District No. 399

Primary Registration District No. 1002

Registrar's No. 1648

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:
6230 Wabash Avenue
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution. 50 Years (Specify whether years, months or days)

In this community 50 Years (Specify whether years, months or days)

3. (a) PRINT FULL NAME Mrs. Elizabeth Ann Kidd

3. (b) If veteran, name war No

3. (c) Social Security No

4. Sex Female

5. Color or race White

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

6. (b) Name of husband or wife Mr. James H. Kidd

6. (c) Age of husband or wife if alive 25 years (Day) (Year)

7. *Birth date of deceased January 25 1849
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>93</u>	<u>3</u>	<u>0</u>	<u>.....</u> hr. <u>.....</u> min.

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

10. Usual occupation At Home

11. Industry or business

MOTHER FATHER

12. Name Thomas Williams

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

14. Maiden name Unknown

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

16. (a) Informant Mrs. Thomas Kidd

(b) Address 6528 Jefferson St

17. (a) Burial (Burial, cremation, or removal)

(b) Date thereof Apr. 27, 1942
(Month) (Day) (Year)

(c) Place: burial or cremation Elmwood Cemetery

18. (a) Signature of funeral director O. H. Hucomer's Sons

(b) Address 1401 Brush Creek Blvd.

19. (a) 4-27-42 (Date received local registrar)

(b) M. M. Crowe (Registrar's signature)

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. 6230 Wabash Avenue
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)

If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 25th
year 1942 hour 6 minute 30 A. M.

21. I hereby certify that I attended the deceased from Jan 27 to Apr 25 1942
that I last saw him alive on Apr 24 1942
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Hemorrhage

Due to Arteriosclerosis with Hypertension

Due to Ch. Bronch. Disease

Other conditions Senility - 13 1/2
(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 O. H. Hucomer (M. D. or other)

Address 4800 E 24th St Date signed 4/27/42

Duration

2 1/2 hrs

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

