

FILED MAY 14 1942

Registration District No. 379

Primary Registration District No. 1002

1769

1. PLACE OF DEATH:

(a) County Jackson
(b) City or town Kansas C. Ty
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
1122 Euclid 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether
In this community 20 yrs. years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Jackson
(c) City or town Kansas City 48
(If outside city or town limits, write "RURAL")
(d) Street No. 1122 Euclid 3
(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 30
year 1942 hour 5 minute P M.
21. I hereby certify that I attended the deceased from 1936
1936 to April 30 1942
that I last saw him alive on April 30 1942
and that death occurred on the date and hour stated above.

Duration

Immediate cause of death: Cerebral accident
Due to: Thrombosis, arterio-sclerosis
Due to: 832

PHYSICIAN

Other conditions: Decubitus
(Include pregnancy within 3 months of death)
Major findings:
Of operations _____
Of autopsy _____
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) Means of injury: _____
23. Signature: Merry J. Kumpel (M. D. or other)
Address: Blaga Medical Bldg Date signed: May 4, 1942

3. (a) PRINT FULL NAME Geneva Ophelia Norman

3. (b) If veteran, name war _____ 3. (c) Social Security No. No.

4. Sex Fe 3 5. Color or race Cal. 6. (a) Single, widowed, married, divorced married

6. (b) Name of husband or wife William H. Norman 6. (c) Age of husband or wife if alive 45 years

7. Birth date of deceased: May 27 1896
(Month) (Day) (Year)

8. AGE: Years 46 Months 1 Days 3 If less than one day _____ hr. _____ min.

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

10. Usual occupation Housewife

MOTHER FATHER

11. Industry or business _____
12. Name S. P. Rutherford

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

14. Maiden name Charlotte Neal

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

16. (a) Informant A. H. Rutherford
(b) Address Harts Horn, Okla.

17. (a) Burial (b) Date thereof May 5, 1942
(Burial or cremation) (Month) (Day) (Year)

(c) Place: burial or cremation Woodlawn, N. K. Adkins Bros.

18. (a) Signature of funeral director _____
(b) Address 2000 E. 12th St. K.C. Mo.
19. (a) 5-5-42 (b) M. M. Brown
(Date received local registrar) (Registrar's signature)

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

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.....

Edw. Hoane

Licensed Embalmer No. *3836*

P. O. Address.....

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.