

FILED MAY 14 1942  
Registration District No. **1942**

Primary Registration District No. **5276**

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

1. PLACE OF DEATH:

(a) County Clay

(b) City or town Winwood Gardens R.R. #5  
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 1 No. Kansas City, Mo.  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution \_\_\_\_\_  
In this community 34 yrs., in Mo. and Kansas  
(Specify whether years, months or days)

3. (a) PRINT FULL NAME Agnes Teresa George

3. (b) If veteran, name war \_\_\_\_\_

3. (c) Social Security No. none

4. Sex Female / race White / Color or White

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

6. (b) Name of husband or wife hus. Henry F. George

6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased June 12 1895  
(Month) (Day) (Year)

8. AGE: Years 46 Months 10 Days 1 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

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

10. Usual occupation Domestic

11. Industry or business Housewife

12. Name Peter Campbell

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

14. Maiden name Mary E. Nelson

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

16. (a) Informant Henry F. George

(b) Address R.R. #5, No. Kansas City, Mo.

17. (a) Burial (b) Date thereof 4 15 42  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Mt. Cavalry K.C., Kans.

18. (a) Signature of funeral director J. S. Morton

(b) Address No. Kansas City, Missouri

19. (a) Apr 14 42 (b) Ruth W. Henry  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Clay

(c) City or town Winwood Gardens, Rural #5  
(If outside city or town limits, write "RURAL")

(d) Street No. North Kansas City, Mo.  
(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 13  
year 1942 hour 8:30 minute 2 M.

21. I hereby certify that I attended the deceased from April 12 1942  
to April 12 1942  
that I last saw her alive on April 12 1942  
and that death occurred on the date and hour stated above.

Immediate cause of death severe asthma

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions coronary heart disease  
(Include pregnancy within 3 months of death)

Major findings: Of operations 94 a

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 J. S. Morton (M. D. or other) Dr. med

Address No. Kansas City, Mo. Date signed 4/14/42

MOTHER FATHER

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

1621

RECEIVED

District Health Officer No. 8,

District File Number \_\_\_\_\_

Date Filed 5-13-42

FILE 141950

1950

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 John B. Norton

Licensed Embalmer No. 3197

P. O. Address Mo. Kansas City

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.