

FILED JUN 18 1942

Registration District No. 399

Primary Registration District No. 1002

Registrar's No. 2247

1. PLACE OF DEATH:

(a) County Jackson
(b) City or town Kansas City Mo.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
2827 Bellevue Ave. /
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution None
(Specify whether years, months or days) 23 Yrs.

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson
(c) City or town Kansas City Mo.
(If outside city or town limits, write "RURAL")
(d) Street No. 2827 Bellevue Ave.
(If rural, give location) 0
(e) Citizen of foreign country? No (Yes or No)
If yes, name country.....

3. (a) PRINT FULL NAME Mrs. Christena DYNES.

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

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Widow
6. (b) Name of husband or wife John P. Dynes 6. (c) Age of husband or wife if alive 1861 years

7. Birth date of deceased May 22nd, 1861
(Month) (Day) (Year)

8. AGE: Years 81 Months - Days 16 If less than one day hr. 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 Jacob Spradling
13. Birthplace Indiana /
(City, town, or county) (State or foreign country)
14. Maiden name Amanda Conrad
15. Birthplace Indiana /
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Wm. Lafferty, daughter,
(b) Address 5613 Rockhill Rd., K.C. Mo.

17. (a) Burial (b) Date thereof 6/10/42.
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Forest Hill

18. (a) Signature of funeral director Melody-McGilley,

(b) Address 2 K. C. Mo.

19. (a) 6-9-42 (b) M. H. Brown
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 8th, year 1942 hour minute M.

21. I hereby certify that I attended the deceased from July 15, 1942, to July 16, 1942, that I last saw her or alive on 5/16, 1942, and that death occurred on the date and hour stated above.

Immediate cause of death Chronic hypertensive cardio-vascular renal disease
Due to Arteriosclerosis
Due to tion.

Other conditions 12/2
(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) (a) Means of injury 0
23. Signature [Signature] (b) or other) 0
Address 1420 P. J. Kelly Date signed 6-5-42

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

48
80

361

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.....

Licensed Embalmer No. *2999*.....

P. O. Address..... *KC*

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.