

FILED MAY 29 1942
Registration District No. 399

Primary Registration District No. 1002

Registrar's No. 1950

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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: Lill Gladstone
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 25 Years
(Specify whether years, months or days)

In this community 25 Years

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. Lill Gladstone
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME ANNIE L. SHOWAN

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

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

6. (b) Name of husband or wife unknown 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased March 26, 1866
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>76</u>	<u>1</u>	<u>20</u>	_____ hr. _____ min.

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

10. Usual occupation Homemaker

11. Industry or business None

12. Name Unknown

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

14. Maiden name Unknown

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

16. (a) Informant Mrs. Ben Naylor

(b) Address 421 Gladstone

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 5/18/42
(Month) (Day) (Year)

(c) Place: burial or cremation Memorial Park, Mo.

18. (a) Signature of funeral director C. H. BLACKMAN & SON,

(b) Address 2825 Indep. Blvd., K. C. Mo.

19. (a) 5-18-42 (Date received local registrar) (b) M. M. Browne (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 16 year 1942 hour 7 minute A.M.

21. I hereby certify that I attended the deceased from May 15 1942 to May 15 1942 and that death occurred on the date and hour stated above.

Immediate cause of death Myocardial Infarction Duration 2 yrs

Due to Phlebotomy Malpractice 3 yrs

Due to 92B

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations _____ Of autopsy _____

PHYSICIAN
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? _____

(c) While at work? _____ (Specify type of place) (d) Means of injury 0

23. Signature A. L. St. Clair (M. D. or other) Address 5242 W. 12th Date signed 5/16-42

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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..... *H. D. Blackman*

Licensed Embalmer No. *3639*

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.