

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: Wesley Hospital 0
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 1 Day
(Specify whether years, months or days)
 In this community 35 Years

2. USUAL RESIDENCE OF DECEASED:
 (a) State Missouri (b) County Jackson 48
 (c) City or town Kansas City 3
(If outside city or town limits, write "RURAL")
 (d) Street No. 3314 Prospect Avenue 8
(If rural, give location)
 (e) Citizen of foreign country? No (1)
(Yes or No)
 If yes, name country _____

3. (a) PRINT FULL NAME Mrs. Tillie Dodd

MEDICAL CERTIFICATION

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

20. DATE OF DEATH: Month June day 23 year 1942 hour _____ minute _____ M.

4. Sex Female / 5. Color or race White 6. (a) Single, widowed, married, divorced Married

21. I hereby certify that I attended the deceased from Pathologist 19 to 19

6. (b) Name of husband or wife Mr. Ed. Dodd 6. (c) Age of husband or wife if alive 65 years

that I last saw him alive on _____ and that death occurred on the date and hour stated above.

7. Birth date of deceased May 5 1865
(Month) (Day) (Year)

Immediate cause of death Myocardial Infarction

8. AGE:	Years	Months	Days	If less than one day
	<u>77</u>	<u>1</u>	<u>18</u>	_____ hr. _____ min.

Due to Coronary thrombosis

9. Birthplace Grand Rapids Michigan
(City, town, or county) (State or foreign country)

Due to 94 hr

10. Usual occupation Housewife
 11. Industry or business At Home

Other conditions Pulm. edema; terminal pneumonia
(Include pregnancy within 3 months of death)

12. Name Tom Foster

Due to _____

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

Major findings: Pulm. edema; terminal pneumonia

14. Maiden name Unknown

Of operations _____

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

Of autopsy above

16. (a) Informant Mr. Ed. Dodd

Underline the cause to which death should be charged statistically.

(b) Address 3314 Prospect Avenue
Burial

22. If death was due to external causes, fill in the following:

17. (a) _____ (b) Date thereof June 25, 1942
(Burial, cremation, or removal) (Month) (Day) (Year)

(a) Accident, suicide, or homicide (specify) ✓

(c) Place: burial or cremation Mount Mariah Cemetery

(b) Date of occurrence ✓

18. (a) Signature of funeral director H. H. Newcomer's Son
 (b) Address 1401 Brush Creek Blvd.
 19. (a) 6-24-42 (b) M. M. Brown
(Date received local registrar) (Registrar's signature)

(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? ✓
(Specify type of place)
 While at work? ✓ (e) Means of injury 15

23. Signature Maurice Jones (M. D. or other) 15
 Address 709 Argyle Bldg Date signed 6-23-42

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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 Ernie M. Calloway
Licensed Embalmer No. 3506
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.