

FILED JUN 27 1942 399

State File No.

Registrar's No. 2328

Registration District No.

Primary Registration District No. 1002

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: Westley Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 3 days
In this community 25 yrs
years, months or days

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. 3727 E 9th St
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Addie Wilsie Sorsosleit

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

4. Sex F m 5. Color or race W 6. (a) Single, widowed, married, divorced married

6. (b) Name of husband or wife John W. Sorsosleit 6. (c) Age of husband or wife if alive 71 years
7. Birth date of deceased July 3 - 1874
(Month) (Day) (Year)

8. AGE: Years 67 Months 19 Days 12 If less than one day hr. min.

9. Birthplace Kansas City Mo
(City, town, or county) (State or foreign country)

10. Usual occupation Retired Housewife

11. Industry or business

12. Name Hiram Wilsie

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

14. Maiden name Mary Peacock

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

16. (a) Informant J.W. Sorsosleit

(b) Address 3727 E 9th St K.C.M.

17. (a) Cremation (b) Date thereof 6-16-42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Blue Springs Mo

18. (a) Signature of funeral director Mrs G B. Wethe Sr

(b) Address Blue Springs Mo

19. (a) 6-16-42 (b) M.M. Kerowe
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 15
year 42 hour 4:30 minute AM

21. I hereby certify that I attended the deceased from June 10,
1942 to June 15, 1942
that I last saw her alive on June 14, 1942
and that death occurred on the date and hour stated above.

Immediate cause of death uremia

Due to nephritis 1 yr.

Due to hypertension 1 yr.

Other conditions 131B

(Include pregnancy within 3 months of death)

Major findings: Of operations

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 R. W. [Signature] (M. D. or other)

Address Argyle Mo Date signed 6/19/42

Duration 5 days
PHYSICIAN
Underline the cause to which death should be charged statistically.

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

MOTHER FATHER

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.....

R B Webb

Licensed Embalmer No. *2353*

P. O. Address *Blue Springs 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.