

Filed JUN 27 1942

State File No.

Registration District No. 399

Primary Registration District No. 1002

Registrar's No. 2338

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: General Hospital No. 2
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 6-5-42-6-11-42
(Specify whether years, months or days)

In this community 14 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. 1100 Park
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)

If yes, name country.

3. (a) PRINT FULL NAME LOUISA WALDEN

MEDICAL CERTIFICATION

3. (b) If veteran, name war ---

3. (c) Social Security No. no

20. DATE OF DEATH: Month June day 11
year 1942 hour 1 minute 50 P. M.

4. Sex Female

5. Color or race Negro

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

6. (b) Name of husband or wife unk

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

7. Birth date of deceased December 15 1859
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from June 5 1942 to June 11 1942
that I last saw her alive on June 11 1942
and that death occurred on the date and hour stated above.

8. AGE: Years Months Days If less than one day

82 5 26 hr. min.

Immediate cause of death Bronchopneumonia Duration

9. Birthplace Higginville Missouri
(City, town, or county) (State or foreign country)

Due to Arteriosclerotic heart disease

Due to Generalized Arteriosclerosis

10. Usual occupation Unemployed

Other conditions (Include pregnancy within 3 months of death) 938

11. Industry or business

12. Name unknown

13. Birthplace unk. 9
(City, town, or county) (State or foreign country)

14. Maiden name unk.

15. Birthplace unk. 9
(City, town, or county) (State or foreign country)

Major findings: Of operations

Of autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically.

16. (a) Informant Record Clerk

(b) Address General Hospital No. 2

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

17. (a) Burial (b) Date thereof 6-16-1942
(Burial, cremation, or removal) (Month) (Day) (Year)

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

(b) Date of occurrence

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) Place: burial or cremation Blue Ridge

While at work? (Specify type of place)

Means of injury ---

18. (a) Signature of funeral director Adkins Bros.

(b) Address 2000 E. 12th St. Kansas City, Mo.

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

23. Signature [Signature] (M. D. or other)

Address Un. Hosp #2-600 E 12 Date signed 6-15-42

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

MOTHER FATHER

561

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.....

Edw. Evans

Licensed Embalmer No.....

3836

P. O. Address.....

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.