

FILED OCT 5 1942 149
Registration District No. _____

Primary Registration District No. 1002

Registrar's No. 3588

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: K. C. Tuberculosis Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 1 year 8 mo.
In this community 43 years, 8 mo.
years, months or days (Specify whether 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. 905 Benton
(If rural, give location)
(e) Citizen of foreign country? NO (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME

Edna Marie Bruce Stutz

MEDICAL CERTIFICATION

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

20. DATE OF DEATH: Month 9 day 29
year 1942 hour 7 minute 45 P.M.

4. Sex Female 5. Color or race W
6. (a) Single, widowed, married, divorced Single
6. (b) Name of husband or wife _____
6. (c) Age of husband or wife if alive _____ years

21. I hereby certify that I attended the deceased from Feb. 7 1941 to Sept 29 1942
that I last saw her alive on Sept 29 1942
and that death occurred on the date and hour stated above.

7. Birth date of deceased: 6 (Month) 7 (Day) 1898 (Year)

Immediate cause of death: Respiratory failure

8. AGE: Years 44 Months 8 Days 22
If less than one day _____ hr. _____ min.

Due to Chronic Pulmonary tuberculosis

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

Due to 13 B1
Other conditions (Include pregnancy within 5 months of death) _____

10. Usual occupation none

11. Industry or business _____

PHYSICIAN
Underline the cause to which death should be charged statistically.
Major findings: _____
Of operations _____
Of autopsy _____

MOTHER FATHER

12. Name Bruce, Joseph
13. Birthplace Macon, Missouri
(City, town, or county) (State or foreign country)
14. Maiden name Freeman, Mary
15. Birthplace Johnstown, Penna.
(City, town, or county) (State or foreign country)

16. (a) Informant K. C. T. B. Hosp.
(b) Address Leeds, Mo

17. (a) Buried (b) Date thereof 10-1-42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation mt. St. Marys

18. (a) Signature of funeral director Blackburn
(b) Address 75 - c - mo.

19. (a) 9-30-42 (b) W. W. Crowe
(Date received local registrar) (Registrar's signature)

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) _____
Means of injury _____
23. Signature W. W. Crowe (M. D. or other) _____
Address K. C. T. B. Hospital Date signed _____

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

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 B. H. Blackman
Licensed Embalmer No. 2244
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.