

FILED DEC 7 1942
749

Registration District No.

Primary Registration District No. 1002

Registrar's No. 4398

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: Lakeside Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 11 Days
In this community 4 Months
years, months or days (Specify whether)

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. 4211 Highland
(If rural, give location)

(e) Citizen of foreign country? (Yes or No) 0
If yes, name country.

3. (a) PRINT FULL NAME Mrs. Sophia Howard

3. (b) If veteran, name war

3. (c) Social Security No. 500-07-8174

4. Sex Female

5. Color or race White

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

6. (b) Name of husband or wife unknown

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

7. Birth date of deceased April 30 1887
(Month) (Day) (Year)

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

55 6 28 hr. min.

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

10. Usual occupation House Work

11. Industry or business

MOTHER FATHER { 12. Name Don't Know

13. Birthplace Don't Know
(City, town, or county) (State or foreign country)

14. Maiden name Don't Know

15. Birthplace Don't Know
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Dorothy Howard Widmire

(b) Address 4211 Highland Ave

17. (a) Removal
(Burial, cremation, or removal)

(b) Date thereof 11/28/42
(Month) (Day) (Year)

(c) Place: burial or cremation Brandy, Missouri

18. (a) Signature of funeral director Freeman Mortuary
Kansas City Missouri

(b) Address

19. (a) 11-28-42
(Date received local registrar)

(b) M. M. Corone
(Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 28, year 1942 hour 1 (one) minute 25 a. M.

21. I hereby certify that I attended the deceased from Nov. 17, 1942, to Nov. 28, 1942, that I last saw her alive on Nov. 27, 1942, and that death occurred on the date and hour stated above.

Immediate cause of death Myocarditis, Chronic
hepatic, Chronic
Intestinal obstruction

Due to

Due to

Other conditions 1318
(Include pregnancy within 3 months of death)

Major findings: Hydrog. gall bladder

Of operations

Of autopsy

Duration

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?

While at work? (Specify type of place)

(a) Means of injury

23. Signature John S. Hull (C. M. Smith) (M. D. or other) DO.

Address 3084 Harrison N.E. Mo. Date signed 11-28-42

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

1510

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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 *Clarence H. Chile*.....

Licensed Embalmer No. *3473*.....

P.O. Address *96 e Meo*.....

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.