

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 4601

1. PLACE OF DEATH:
(a) County **Jackson**
(b) City or town **Kansas City**
(c) Name of hospital or institution: **St. Lukes Hospital**
(d) Length of stay: In hospital or institution **8 8 Days**
In this community **8 8 Days**

2. USUAL RESIDENCE OF DECEASED:
(a) State **Kansas** (b) County **Wyandotte**
(c) City or town **Edwardsville Kansas**
(d) Street No. **Lake Of Forest**
(e) Citizen of foreign country? (Yes or No) **2**

3. (a) PRINT FULL NAME **Kathleen Jo. Andrew**
(b) If veteran, name war no. (c) Social Security No. **No.**

4. Sex **fe.** 5. Color or race **Wh.** 6. (a) Single, widowed, married, divorced, **single**
6. (b) Name of husband or wife 6. (c) Age of husband or wife if alive **1942** years

7. Birth date of deceased **Dec 1 1942**

8. AGE: Years Months Days If less than one day
0 0 88 hr. min.

9. Birthplace **Kansas City Mo. 0**

10. Usual occupation **None**

11. Industry or business

MOTHER FATHER { 12. Name **Robt. L. Andrew**
13. Birthplace **Kansas City Mo. 0**
14. Maiden name **Grady's Cathcart**
15. Birthplace **Centralia Okla. 1**

16. (a) Informant **Robt. L. Andrew**
(b) Address **Lake of Forest (Edwardsville)**

17. (a) **Burial** (b) Date thereof **Dec. 11-42**
(c) Place: burial or cremation **Mt. Moriah**

18. (a) Signature of funeral director **Eylar Funeral Home**
(b) Address **1800 Linwood**

19. (a) **12-11-42** (b) **Mr. M. Crowe**
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Dec** day **9** year **1942** hour **9 20** minute **P** M.

21. I hereby certify that I attended the deceased from **Dec 9** to **Dec 9** 19**42** that I last saw her alive on **Dec 9** 19**42** and that death occurred on the date and hour stated above.

Immediate cause of death **Erythraemia**

Due to **1610**

Other conditions (include pregnancy within 3 months of death)

Major findings: Of operations
Of autopsy **Usual bacteriologic and chemical changes**

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?
(d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work (Specify type of place) (c) Means of injury
23. Signature **Dr. R. L. ...** M.D. or other **MD**
Address **231 W 47th St** Date signed **12/10/42**

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

Chas. Williams, Jr.

STATEMENT BY LICENSED EMBALMER

not

I hereby certify that the body whose name is recorded on the reverse side of this certificate embalmed by me, or by.....
....., Registered Apprentice No.....
working under my personal supervision:

Signed..... *Chas. Williams*
Licensed Embalmer No. *2644*
P. O. Address..... *1800 Pinewood*

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.