

FILED JAN 11 1949

Registration District No. **149**

Primary Registration District No. **1002**

Registrar's No. **4934**

I. PLACE OF DEATH:

(a) County Jackson
 (b) City or town Kansas City
 (c) Name of hospital or institution: 3200 North St. Kansas City Convalescent Home
 (d) Length of stay: In hospital or institution 2 mo.
 In this community 35 yrs

2. USUAL RESIDENCE OF DECEASED:

(a) State Kansas (b) County Wyandotte
 (c) City or town Kansas City
 (d) Street No. 2603 N. 35th St
 (e) If foreign born, how long in U. S. A.? 2 years.

8. (a) PRINT FULL NAME Cara Idella Toppe
 8. (b) If veteran, name war no
 8. (c) Social Security No. none

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 29
 year 1942 hour 11:40 minute P M.
 21. I hereby certify that I attended the deceased from 10-17-42
 19 to 12-29-42
 that I last saw her alive on 12-28-42
 and that death occurred on the date and hour stated above.

4. Sex fe 5. Color or race wh
 6. (a) Single, widowed, married, divorced, widowed
 6. (b) Name of husband or wife Frank
 6. (c) Age of husband or wife if alive 29 years
 7. Birth date of deceased April 29 1862

Immediate cause of death Coronary Occlusion
 Due to 94a
 Other conditions (Include pregnancy within 3 months of death)

8. AGE: Years 80 Months 8 Days 15
 If less than one day hr. 0 min.

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

9. Birthplace Illinois
 10. Usual occupation Housewife

MOTHER FATHER
 11. Industry or business _____
 12. Name William Pond
 13. Birthplace unknown
 14. Maiden name unknown
 15. Birthplace unknown

16. (a) Informant Jerman Toppe
 (b) Address 2603 N. 35th St. K.C. Mo.
 17. (a) social (b) Date thereof 1-2-43
 (c) Place: burial or cremation Memorial Park K.C. Mo.

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) (e) Means of injury _____

18. (a) Signature of funeral director E. Lee Ross (Rollie M. Ross)
 (b) Address 1414 Missy Ave. K.C.
 19. (a) 12-31-42 (b) M. H. Brown
 (Date received local registrar) (Registrar's signature)

23. Signature M. H. Brown (M. D. or other) _____
 Address 3200 North St. Kansas City Date 12-29-42

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 Rollie M. Eads

Licensed Embalmer No. 2381

P. O. Address 1 Kansas City, Kansas

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, above space should be left blank.