

FILED DEC 31 1942

Registration District No. ....

Primary Registration District No. 1002

Registrar's No. 4826

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

1. PLACE OF DEATH:

(a) County Jackson  
 (b) City or town Kennett  
 (If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution:  
7512 East 751  
 (If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution ..... (Specify whether  
 In this community 1 year  
 years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Jackson  
 (c) City or town Kennett  
 (If outside city or town limits, write "RURAL")  
 (d) Street No. 7512 East 75  
 (If rural, give location)  
 (e) Citizen of foreign country? ..... (Yes or No)  
 If yes, name country.....

3. (a) PRINT FULL NAME

Rosa Belle Lafferty

3. (b) If veteran, name war No

3. (c) Social Security No. No

4. Sex Fe 5. Color or race Wh. 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 15  
 7. Birth date of deceased Mar 15-1874  
 (Month) (Day) (Year)

8. AGE: Years 68 Months 9 Days 11 If less than one day hr. min.

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

10. Usual occupation Housewife

MOTHER FATHER

11. Industry or business

12. Name Willis Knight

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

14. Maiden name Travis Bennett

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

16. (a) Informant Mrs. Kledsoe  
 (b) Address 7512 East 75

17. (a) Removal (b) Date thereof Dec 26-42  
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Leto, Kansas

18. (a) Signature of funeral director W. V. Key + Jones  
 (b) Address Leto, Kansas  
 19. (a) Dec 26, 1942 (b) M. M. Crow  
 (Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 26  
 year 1942 hour 12 minute 30 P.M.

21. I hereby certify that I attended the deceased from Aug 25 to Dec 26 1942  
 that I last saw her alive on Dec 26 1942  
 and that death occurred on the date and hour stated above.

Immediate cause of death.....  
Chronic Myocarditis  
Astero-scanis  
 Due to.....  
 Due to..... 93 B

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

Major findings:  
 Of operations.....

Of autopsy..... No

Duration

unk.

✓

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) No  
 (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?

(Specify type of place) While at work..... (e) Means of injury.....

23. Signature Edith A. Williams M.D.  
 Address 5400 St. John's Ave Date signed 1/24/43

Be 6625

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 *Harry E. Bergman*  
Licensed Embalmer No. *2041*  
P. O. Address *Kan City Mo.*

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.