

FILED JAN 11 1943

Registration District No. 17

Primary Registration District No. 1002

Registrar's No.

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: Gladstone Rest Home
(If not in hospital or institution, write street number or location)
43510 Warwick
 (d) Length of stay: In hospital or institution 1 Month
(Specify whether
 In this community 31 Years
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. 3510 Warwick
(If rural, give location)
 (e) Citizen of foreign country? No (Yes or No)
 If yes, name country 0

3. (a) PRINT FULL NAME Mrs. Florence Wallace

3. (b) If veteran, name war No

3. (c) Social Security No. none

4. Sex F

5. Color or race W

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

6. (b) Name of husband or wife unknown

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

7. Birth date of deceased May 25 1886
(Month) (Day) (Year)

8. AGE: Years 56 Months 7 Days I
 If less than one day hr. min.

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

10. Usual occupation None

11. Industry or business

MOTHER FATHER { 12. Name Winfield Taylor Kelly
 13. Birthplace Ohio
(City, town, or county) (State or foreign country)
 14. Maiden name Francis Schmidt
 15. Birthplace No Data
(City, town, or county) (State or foreign country)

16. (a) Informant Elice Hayfitt
 (b) Address 204 Anthony K.C.K.

17. (a) Burial
(Burial, cremation, or removal) (b) Date thereof 12/28/42
(Month) (Day) (Year)

(c) Place: burial or cremation Maple Hill Cem. K.C.K.

18. (a) Signature of funeral director Summons
 (b) Address K.C.K.

19. (a) 12-28-42 (b) M. M. Browne
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 26
 year 1942 hour 1 minute 40 A. M.

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

Immediate cause of death 3d. cerebral hemorrhage

Due to arterio-sclerosis

Due to Myelorrhachia

Other conditions 83a
(Include pregnancy within 3 months of death)

PHYSICIAN

Major findings: ✓
 Of operations ✓

Of autopsy no

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) (e) Means of injury

23. Signature E. A. ... (M. D. or other)
 Address 620 Allege Bldg. Date signed 12/28/42

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

