

FILED JAN 11 1943

Registration District No. ....

Primary Registration District No. 1002

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

1. PLACE OF DEATH:  
 (a) County Jackson  
 (b) City or town Kansas City Mo  
(If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution: Research Hosp  
(If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution 2 Days  
(Specify whether years, months or days)  
 In this community 20 Years

2. USUAL RESIDENCE OF DECEASED:  
 (e) State Mo (b) County Jackson  
 (c) City or town Kansas City  
(If outside city or town limits, write "RURAL")  
 (d) Street No. 711 1/2 Kensington  
(If rural, give location)  
 (e) Citizen of foreign country? No (Yes or No)  
 If yes, name country.....

3. (a) PRINT FULL NAME Edith May Weekly

MEDICAL CERTIFICATION

3. (b) If veteran, name war No 3. (c) Social Security No. None

20. DATE OF DEATH: Month Dec day 27  
 year 1942 hour..... minute 2/40 AM

4. Sex Female 5. Color or race Wh 6. (a) Single, widowed, married, divorced Married  
 6. (b) Name of husband or wife Chas Weekly 6. (c) Age of husband or wife if alive 47 years  
 7. Birth date of deceased Mar 29 1902  
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from December 25 1942 to December 27 1942  
 that I last saw her alive on 12/27/42 and that death occurred on the date and hour stated above.  
 Immediate cause of death Cerebra Duration.....

8. AGE: Years 40 Months 8 Days 28 If less than one day hr..... min.....

Due to Chronic Nephritis  
 Due to 48a

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

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

10. Usual occupation House Wife

Major findings:  
 Of operations no  
 Of autopsy no  
 Underline the cause to which death should be charged statistically.

11. Industry or business.....

12. Name Charles E Armstrong

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

14. Maiden name Betty & Redding

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

16. (a) Informant Charles Weekly

(b) Address 711 1/2 Kensington Ave

17. (a) Liberty Mo (b) Date thereof Dec 29 42  
(Usual, removal or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Liberty Cemetery

18. (a) Signature of funeral director Rose & Henderson

(b) Address 15th Jackson

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

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) (c) Means of injury

23. Signature W. H. Jackson (M.D. or other).....

Address 830 Doyle Bldg Date signed 12/28/42

Dr Jna Lockwood  
Argyle  
No 5530

**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 *G. E. Henderson*  
Licensed Embalmer No. 3657  
P. O. Address *F. C. Me*

**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.