

FILED DEC 31 1942
1949

Primary Registration District No. 1002

Registrar's No. 4707

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

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:
1228 Cherry St 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 3
(Specify whether years, months or days)
In this community 3 months

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Henry 2/20
(c) City or town Clinton Rural
(If outside city or town limits, write "RURAL")
(d) Street No. Rural
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country 1

3. (a) PRINT FULL NAME Ida May Weess

3. (b) If veteran, name war No 3. (c) Social Security No. No

4. Sex F 5. Color or race W 6. (a) Single, widowed, married, divorced, married 1 divorced, married
6. (b) Name of husband or wife Al Weess 6. (c) Age of husband or wife if alive 70 years
7. Birth date of deceased Feb 27 1875
(Month) (Day) (Year)

8. AGE: Years 67 Months 9 Days 23 If less than one day hr. min.

9. Birthplace Richhill Mo 0
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business

12. Name Calvin Cook
13. Birthplace UNKNOWN 9
(City, town, or county) (State or foreign country)
14. Maiden name UNKNOWN
15. Birthplace UNKNOWN 9
(City, town, or county) (State or foreign country)

16. (a) Informant Al Weess

(b) Address 1228 Cherry Kansas City

17. (a) Burial (b) Date thereof 12 22 42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Englewood Cem

18. (a) Signature of funeral director Fred Wilkinson

(b) Address Clinton, Mo

19. (a) 12-21-42 (b) M. M. Browne
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 20
year 1942 hour 5 minute 00 P. M.

21. I hereby certify that I attended the deceased from 12-20-42 to 12-20-42; that I last saw her alive on Dec 20 and that death occurred on the date and hour stated above.

Immediate cause of death Terminal Pneumonia
Duration

Due to Ca liver and general debility 7 yrs

Due to

Other conditions None found
(Include pregnancy within 3 months of death)

Major findings: Of operations none

Of autopsy none

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 L. H. Marty (M. D. or other) 12/24/42
Address 815 McGehee Date signed

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 Fred Wikstrom

Licensed Embalmer No. 2478

P. O. Address Clinton MI

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.