

Registration District No. 149

Primary Registration District No. 1002

Registrar's No. 181

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:
1817 East 75th Street Terrace /
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 45 Years (Specify whether years, months or days)

3. (a) PRINT FULL NAME Mrs. Sallie B Duval

3. (b) If veteran, name war No

3. (c) Social Security No. None

4. Sex Female 5. Color or race White

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

6. (b) Name of husband or wife Mr. M. D. Duval

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

7. Birth date of deceased September 18 1856
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>86</u>	<u>3</u>	<u>23</u>	hr. _____ min.

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

10. Usual occupation At Home

11. Industry or business ---

MOTHER FATHER

12. Name H. P. Randolph

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

14. Maiden name Barbee

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

16. (a) Informant Mrs. John W. Gibson

(b) Address 1817 East 75th Street Terrace

17. (a) Burial (Burial, cremation, or removal)

(b) Date thereof Jan. 13, 1943
(Month) (Day) (Year)

(c) Place: burial or cremation Richmond, Missouri

18. (a) Signature of funeral director D. N. Newcomer's Sons

(b) Address 1401 Brush Creek Blvd.

19. (a) 1-13-43 (Date received local registrar)

(b) M. M. Brown (Registrar's signature)

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. 1817 East 75th Street
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)

If yes, name country ---

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 11th
year 1943 hour _____ minute _____

21. I hereby certify that I attended the deceased from Jan 6th 1943 to Jan 11th 1943
that I last saw her alive on Jan 11 1943
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral hemorrhage Duration _____

Due to 8200

Due to _____

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

Major findings:
Of operations _____

Of autopsy _____

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) _____

(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 J. R. Hall (M. D. or other) _____

Address 626 1/2 Atchafalpa Bldg Date signed 1/11/43

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

10-1
6216
Fathroy Body

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..... *H. C. Newcomer Jr.*
Licensed Embalmer No. *1043*
P. O. Address..... *Remo*

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.