

FILED MAR 31 1943

Primary Registration District No. **1002**

Registrar's No. **1479**

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:
Nursing Home 4504 Benton
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: **In hospital or institution 2 wks.**
 (Specify whether years, months or days) **2 weeks**

2. USUAL RESIDENCE OF DECEASED:
 (a) State **Missouri** (b) County **19**
 (c) City or town **Harrisonville Mo.**
 (If outside city or town limits, write "RURAL")
 (d) Street No. **R.R. # 3**
 (If rural, give location)
 (e) Citizen of foreign country? **no** (Yes or No)
 If yes, name country **1**

3. (a) PRINT FULL NAME **RACHEL ELIZABETH DYER**

MEDICAL CERTIFICATION

3. (b) If veteran, name war **no** 3. (c) Social Security No. **none**

20. DATE OF DEATH: Month **March** day **27**
 year **1943** hour **8:00** minute **A** M.

4. Sex **Female** 5. Color or race **White** 6. (a) Single, widowed, married, divorced **Widowed**

21. I hereby certify that I attended the deceased from **Jan 1943** to **Mar 27, 1943**
 that I last saw **her** alive on **3/27**, 1943
 and that death occurred on the date and hour stated above.

6. (b) Name of husband or wife **Unknown** 6. (c) Age of husband or wife if alive **years**
 7. Birth date of deceased **Dec 2 1855**
 (Month) (Day) (Year)

Immediate cause of death **Chr. Myocarditis**

8. AGE:	Years	Months	Days	If less than one day
	87	3	25	hr. min.

Due to **Senility**

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

Due to **Senility**

10. Usual occupation **At home Retired**

Other conditions (Includes pregnancy within 3 months of death)

11. Industry or business

Major findings: Of operations

12. Name **George Shipley**

Of autopsy

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

14. Maiden name **Shannon**

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

16. (a) Informant **Miss Unez Steele**

(b) Address **2734 Jackson K.C. Mo**

17. (a) **Removal** (b) Date thereof **3/27/43**
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Harrisonville, Mo**

18. (a) Signature of funeral director **John S. Patton**
 (b) Address **North K.C. Mo**
 (c) (a) **3/27/43** (b) **M. M. Crowe**
 (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) (e) Means of injury

23. Signature **D. S. Pate** (M. D. or other) **MD**
 Address **North Harrisonville Mo** Date signed **3/27/43**

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

MOTHER FATHER

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... *Leon E. Hodges*

Licensed Embalmer No. *2729*

P. O. Address... *North T. C. 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.