

FILED MAR 31 1943 149
Registration District No. _____

Primary Registration District No. 1002

Registrar's No. 1467

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:
Research Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 4 days (Specify whether
In this community 28 years (Specify whether
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. 410 E. 70th Terrace
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Mrs. Berdith Happ

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 Married
6. (b) Name of husband or wife William H. Happ 6. (c) Age of husband or wife if alive 51 years
7. Birth date of deceased January 8 1898
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
45 2 17 hr. min.

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

10. Usual occupation At Home

11. Industry or business _____

MOTHER { 12. Name W. W. Pratt
13. Birthplace Unknown
(City, town, or county) (State or foreign country)
14. Maiden name Zelpha A. Rowley
15. Birthplace Indiana
(City, town, or county) (State or foreign country)

16. (a) Informant William H. Happ

(b) Address 410 E. 70th Terrace

17. (a) Burial (b) Date thereof 3-27-1943
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Memorial Park Cemetery

18. (a) Signature of funeral director Freeman Mortuary

(b) Address Kansas City, Mo.

19. (a) 3-26-43 (b) M. M. Brown
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 3 day 25
year 1943 hour 11:30 minute 9 M.

21. I hereby certify that I attended the deceased from 1932
_____, 19____, to March 25, 1943
that I last saw her alive on 3-25, 1943
and that death occurred on the date and hour stated above.

Immediate cause of death Heart failure
Probably ventricular fibrillation
Due to mitral stenosis -
in a young girl
Due to _____
Other conditions 92 B
(Include pregnancy within 3 months of death)

PHYSICIAN
Major findings:
Of operations _____
Of autopsy _____
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. E. H. [unclear] (M. D. or other)
Address 924 [unclear] [unclear] Mo. Date signed 3-25-43

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

