

FILED MAY 5 1943
1949

Registration District No.

Primary Registration District No. 1002

1733

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

1. PLACE OF DEATH:

(a) County Jackson

(b) City or town Kan City
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 3200 Wurdedge
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 2 yrs
(Specify whether years, months or days)

In this community 25 years

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson

(c) City or town Kan City
(If outside city or town limits, write "RURAL")

(d) Street No. 4103 Pennsylvania
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)
If yes, name country: 0

3. (a) PRINT FULL NAME Kate DeWitt

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

4. Sex F 5. Color or race W 6. (a) Single, widowed, married, divorced, Widow

6. (b) Name of husband or wife William 6. (c) Age of husband or wife if alive 76.5 years

7. Birth date of deceased Dec 21 1865
(Month) (Day) (Year)

8. AGE: Years 77 Months 3 Days 18 If less than one day hr. min.

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

10. Usual occupation Housewife

11. Industry or business same

12. Name George Roller

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

14. Maiden name Aurine Copper

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

16. (a) Informant Mrs Elizabeth Collier

(b) Address Pyra St

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 4/12/43
(Month) (Day) (Year)

(c) Place: burial or cremation Union Cem

18. (a) Signature of funeral director Snow-Mayberry

(b) Address Lin - Duze

19. (a) 4-12-43 (b) M. M. Rome
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 9 year 1943 hour 9:12 minute AM

21. I hereby certify that I attended the deceased from 2-21-40 to 4-9-43 19...; that I last saw her alive on 4-9-43 19...; and that death occurred on the date and hour stated above.

Immediate cause of death: Arteriosclerosis

Due to Arteriosclerosis

Due to 97

Other conditions: Arteriosclerosis
(Include pregnancy within 3 months of death)

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

Major findings: Of operations

Of autopsy

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 Yes (Specify type of place) (e) Means of injury.....

23. Signature J. J. Wurdedge (M. D. or other) 0
Address 3200 Wurdedge Date signed 4-9-43

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..... *Roy E. Snow*

Licensed Embalmer No. *2566*

P. O. Address *KC 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.