

Registration District No. 149

Primary Registration District No. 1002

1. PLACE OF DEATH: Jackson

(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: K.C. General Hospital No. 1
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 1 Mo. & 4 days
(Specify whether years, months or days)

In this community 38 yrs
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED: 38

(a) State Missouri (b) County Jackson

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

(d) Street No. 3824 Prospect
(If rural, give location)

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

3. (a) PRINT FULL NAME Rose Cecelia Duff

3. (b) If veteran, name war no

3. (c) Social Security No. no

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 6th
year 1943 hour 7 minute 55 P. M.

21. I hereby certify that I attended the deceased from 3-2-43, 19, to 4-6-43, 19, that I last saw him er. alive on 4-6-43, 19, and that death occurred on the date and hour stated above.

4. Sex Fe 5. Color or race W

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

6. (b) Name of husband or wife John R. Duff

6. (c) Age of husband or wife if alive 66 years

7. Birth date of deceased Apr-12-1882
(Month) (Day) (Year)

Immediate cause of death Carcinoma of cervix with extensive metastases

Due to 460

Due to

Other conditions 460
(Include pregnancy within 3 months of death)

8. AGE: Years 60 Months 11 Days 25 If less than one day hr min.

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

10. Usual occupation Housewife

11. Industry or business

MOTHER { 12. Name John J. Mount

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

14. Maiden name Theresa Smith

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

PHYSICIAN

Major findings: Of operations

Of autopsy

Underline the cause to which death should be charged statistically.

16. (a) Informant John R. Duff

(b) Address 3824 Prospect

17. (a) Parsons (b) Date thereof Apr-9-1943
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St Hope R.C.Hs

18. (a) Signature of funeral director M. C. R. Foster

(b) Address 918 Brooklyn

19. (a) 4-8-43 (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? Med Hope R.C.Hs
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work 7 (Specify type of place) Means of injury

23. Signature Mary R. Thom (M. D. or other) 0
Address Med. Dir. K.C. Gen. Hospital Date signed

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

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.....

Licensed Embalmer No.....

P. O. Address.....

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.