

Registration District No. 149

Primary Registration District No. 1002

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:
7611 Wornall Road.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 6 days
In this community 6 days (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Kansas (b) County Johnson
(c) City or town Olathe
(If outside city or town limits, write "RURAL")
(d) Street No. 523 West Santa Fe Ave
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country 2

3. (a) PRINT FULL NAME Mary E. Weast

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, Widow

6. (b) Name of husband or wife Murray Weast 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased Feb 7 1861
(Month) (Day) (Year)

8. AGE: Years 82 Months 2 Days 21 If less than one day hr. _____ min.

9. Birthplace Durham North Carolina
(City, town, or county) (State or foreign country)

10. Usual occupation Housekeeper

11. Industry or business At Home

12. Name George Ray

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

14. Maiden name Mary Jane Riggs

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

16. (a) Informant Mrs W. S. Campbell

(b) Address Olathe Kansas

17. (a) Removal (b) Date thereof 4-29-43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Olathe Kansas

18. (a) Signature of funeral director H.E. Julien

(b) Address Olathe Kas

19. (a) 4/28/43 (b) n. w. Browne
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 28
year 1943 hour 3 minute 37 A.M.

21. I hereby certify that I attended the deceased from Apr 26
_____, 1943, to Apr 28, 1943
that I last saw her alive on Apr 27, 1943
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Hemorrhage few hours
Duration _____

Due to multiple metastasis

Due to Cancer - 50

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

Major findings: Cancer of breast
Of operations Removal 20 yrs ago
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. E. Browne (M. D. or other) _____
Address Olathe Kas Date signed 4/28/43

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

H.E. Julien

Licensed Embalmer No

2044

P. O. Address

Clarks Pass.

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.