

Registration District No. 149

Primary Registration District No. 1002

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

1. PLACE OF DEATH:

(a) County Jackson

(b) City or town Kansas City

(c) Name of hospital or institution: Honk's Hospital
(If outside city or town limits, write "RURAL" and name of township)

(d) Length of stay: In hospital or institution 6 Mo.
(If not in hospital or institution, write street number or location)

In this community about 20 yrs
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Jackson

(c) City or town Kansas City 3
(If outside city or town limits, write "RURAL")

(d) Street No. Chatham Hotel 8
3701 Broadway
(If rural, give location)

(e) Citizen of foreign country? _____ (Yes or No)

If yes, name country _____

3. (a) PRINT FULL NAME Lorena N. Congleton

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 A. J. Congleton

6. (c) Age of husband or wife if alive 3 years

7. Birth date of deceased sep 3 1865
(Month) (Day) (Year)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 17
year 1943 hour _____ minute _____ M.

21. I hereby certify that I attended the deceased from Nov 18
1943, 19 _____, to 5-12-43, 19 _____

that I last saw her alive on 5-11-43, 19 _____

and that death occurred on the date and hour stated above.

8. AGE: Years 77 Months 8 Days 89 If less than one day _____ hr. _____ min.

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

10. Usual occupation at home

Immediate cause of death Pulmonary carcinoma - broncho pneumonia

Due to carcinoma of vulva & metastasis

Due to _____

Other conditions (Include pregnancy within 3 months of death) 47A

MOTHER FATHER

11. Industry or business _____

12. Name E B Welch

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

14. Maiden name Mary Rebecca Murray

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

16. (a) Informant Betta Hourst

(b) Address Chatham Hotel Kemo

17. (a) burial (b) Date thereof 5-14-43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Olathe Kas

18. (a) Signature of funeral director Herbert Julian, Undertaker

(b) Address Olathe, Kansas

19. (a) 5-13-43 (b) M. M. Brown
(Date received local registrar) (Registrar's signature)

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? _____

23. Signature F. H. Hodgson (M. D. or other) M.D.
Address 200 Plaza Medical Date signed 5/12/43

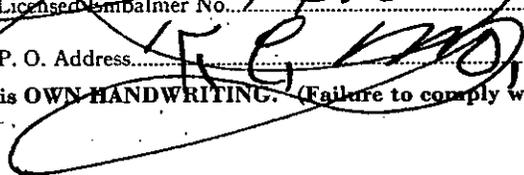
Duration _____

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

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. 1415
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.