

LED JUN 7 1943

Registration District No.

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 Mo**
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
2930 Kensington
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution **5 weeks** (Specify whether years, months or days)

In this community **5 weeks**

2. USUAL RESIDENCE OF DECEASED:

(a) State **Kansas** (b) County **Brown 991**

(c) City or town **Everest Kansas 4**
(If outside city or town limits, write "RURAL")

(d) Street No. **2**
(If rural, give location)

(e) Citizen of foreign country? **2** (Yes or No)
If yes, name country **2**

3. (a) PRINT FULL NAME **Mrs. Gertrude Dodge**

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 **C. L. Dodge** 6. (c) Age of husband or wife if alive **70** years

7. Birth date of deceased **Feb 14 1879**
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

64 3 17 hr. min.

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

10. Usual occupation **Housewife**

11. Industry or business **at home**

MOTHER FATHER

12. Name **Unknown**

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

14. Maiden name **Unknown**

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

16. (a) Informant **Mrs Helen Tyeen**

(b) Address **2930 Kensington**

17. (a) **Removal** (b) Date thereof **5-31-43**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Barton Kansas**

18. (a) Signature of funeral director **C. A. Fulton**

(b) Address **Kansas City Kansas**

19. (a) **May 31 1943** (b) **M. M. Crowe**
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **May** day **31**
year **1943** hour minute M.

21. I hereby certify that I attended the deceased from **April 30 1943** to **May 4 1943**
that I last saw her alive on **May 4 1943**
and that death occurred on the date and hour stated above.

Immediate cause of death **Congestive Heart Failure 7 yrs**

Due to **Auricular fibrillation 4 yrs**

Due to **and Bronchial Asthma 4 yrs**

Other conditions (Include pregnancy within 3 months of death)

Duration

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 **Paula Davis** (M. D. or other)

Address **820 prof 103** Date signed **5/31/43**

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..... *R. J. Fulton*

Licensed Embalmer No. 3503

P. O. Address Kansas City, Kansas

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.