

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

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:
2333 Bellefontaine Avenue
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution **35 Years**
In this community _____ years, months or days (Specify whether)

3. (a) PRINT FULL NAME **Mrs. Abbie Lena Priest**
 (b) If veteran, name war **No**
 (c) Social Security No. **None**

4. Sex **Female**
 5. Color or race **White**
 6. (a) Single, widowed, married, divorced **Widowed**
 (b) Name of husband or wife **Mr. Louis F. Priest**
 (c) Age of husband or wife if alive **---** years
 7. Birth date of deceased **March 15 1887**
(Month) (Day) (Year)

8. AGE: Years **56** Months **1** Days **10/18**
If less than one day _____ hr. _____ min.

9. Birthplace **Joplin Missouri**
(City, town, or county) (State or foreign country)

10. Usual occupation **At Home**

11. Industry or business **---**

MOTHER FATHER {
 12. Name **Henry Stevens**
 13. Birthplace **Joplin Missouri**
(City, town, or county) (State or foreign country)
 14. Maiden name **Katherine Kelly**
 15. Birthplace **Joplin Missouri**
(City, town, or county) (State or foreign country)

16. (a) Informant **R. V. Harris**
 (b) Address **2333 Bellefontaine**
 17. (a) **Burial**
(Burial, cremation, or removal) (b) Date thereof **May 6, 1943**
(Month) (Day) (Year)

(c) Place: burial or cremation **Forest Hill Cemetery**

18. (a) Signature of funeral director **D. H. Newcomer, Inc.**
 (b) Address **1401 Brush Creek Blvd.**

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

2. USUAL RESIDENCE OF DECEASED:
 (a) State **Missouri** (b) County **Jackson** **48**
 (c) City or town **Kansas City** **3**
(If outside city or town limits, write "RURAL")
 (d) Street No. **2333 Bellefontaine Avenue** **8**
(If rural, give location)
 (e) Citizen of foreign country? **No** (Yes or No)
 If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **May** day **3rd**
 year **1943** hour **7** minute **40 P.** M.

21. I hereby certify that I attended the deceased from _____ 19____;
 that I last saw him **Deputy Coroner** _____ 19____;
 and that death occurred on the date and hour stated above.

Immediate cause of death **Coronary sclerosis with chronic infarction.**
 Due to **Chronic Pipe Conophritis, left.**
 Due to **Diabetes Mellitus**

Other conditions **61**
(Include pregnancy within 3 months of death)

Major findings:
 Of operations _____
 Of autopsy **See Above**

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)
 (a) Means of injury _____
 23. Signature **W. E. Upsher** (M. D. or other) **M.P.**
 Address **2333 Bellefontaine** Date signed **5/11/43**

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..... *H C Newcomer Jr*

Licensed Embalmer No..... *4043*

P. O. Address..... *H C 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.