

FILED JUL 8 1943
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
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
General Hospital

(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 1 mo 3 days
(Specify whether years, months or days)

In this community 1 year
(Specify whether years, months or days)

3. (a) PRINT FULL NAME Etta Willits Cordrey

3. (b) If veteran, name war V

3. (c) Social Security No. none

4. Sex F 5. Color or race W

6. (a) Single, widowed, married 2 divorced

6. (b) Name of husband or wife unknown

6. (c) Age of husband or wife if alive 1865 years

7. Birth date of deceased Aug 28 1865
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<u>77</u>	<u>9</u>	<u>20</u>	hr. min.

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

10. Usual occupation retired

11. Industry or business _____

12. Name Maggett John Kansas

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

14. Maiden name Maie W. Hume

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

16. (a) Informant General Hospital

(b) Address Kansas City Mo

17. (a) burial (b) Date thereof June 21 43
(Specify, cremation or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Walnut Kansas

18. (a) Signature of funeral director Kansas General Hosp

(b) Address 711 S. 10th Kansas

19. (a) 6-21-43 (b) J. E. Brown
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson

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

(d) Street No. 4946 Prospect
(If rural, give location)

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

If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 18
year 1943 hour 11 minute 15 A. M.

21. I hereby certify that I attended the deceased from May 15, 1943 to June 18, 1943
that I last saw her alive on June 18, 1943
and that death occurred on the date and hour stated above.

Immediate cause of death fracture rt hip (5.14-43) from fall

Due to pneumonia

Due to _____

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

Major findings: Of operations _____

Of autopsy _____

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) Accident 12-3

(b) Date of occurrence May 14, 1943

(c) Where did injury occur? Ed Jackson MO
(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 Fall

23. Signature Henry R. Johnson (M. D. or other)

Address General Hosp Date signed _____

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 *J. C. Runney*.....

Licensed Embalmer No. *41656*.....

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.