

FILED JUN 30 1943 49
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
(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 10 days
(Specify whether years, months or days)

In this community 36 yrs.
(Specify whether years, months or days)

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. 1309 E. Armour
(If rural, give location)

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

3. (a) PRINT FULL NAME Hazel Rieke

3. (b) If veteran, name war no.

3. (c) Social Security No. 494-12-4605

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 15 year 1943 hour 2 minute 20 A.M.

21. I hereby certify that I attended the deceased from June 5 1943 to June 15 1943
that I last saw her alive on June 15 1943
and that death occurred on the date and hour stated above.

4. Sex fe 5. Color or race w. 6. (a) Single, widowed, married, divorced D.W.

6. (b) Name of husband or wife Des. P. 6. (c) Age of husband or wife if alive 50 years

7. Birth date of deceased July 12, 1894
(Month) (Day) (Year)

Immediate cause of death: Cerebral hemorrhage

Due to _____

Due to _____

8. AGE: Years 48 Months 11 Days 3
If less than one day hr. min.

Other conditions g3a
(Include pregnancy within 3 months of death)

Major findings: _____
Of operations _____

Of autopsy _____

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

10. Usual occupation Flour lady

11. Industry or business Peck Store

12. Name H. Frank Thomas Mountain

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

14. Maiden name Cara Belle Worline

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

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? _____

16. (a) Informant Des. P. Rieke Rieke

(b) Address 316 W. 51st Tenac

17. (a) B (b) Date thereof 6-15-43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Calvary

18. (a) Signature of funeral director Melody McSibley

(b) Address K.C. Mo.

19. (a) 6-15-43 (b) P. E. Brown
(Date received local registrar) (Registrar's signature)

23. Sign by Wm. R. Thomas (M. D. or other) _____
Address General Hosp. Date signed _____
While at work (Specify type of place) Means of injury

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.....

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.