

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

FILED JUL 13 1943 149
Registration District No.

Primary Registration District No. 1002

1. PLACE OF DEATH:

(a) County Jackson
(b) City or town K.C.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
120 S. Bellaire 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether
In this community 25 yrs. years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Jackson
(c) City or town K.C. (If outside city or town limits, write "RURAL")
(d) Street No. 120 S. Bellaire (If rural, give location)
(e) Citizen of foreign country? No. (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME MARTHA SOULIER

3. (b) If veteran, name war none 3. (c) Social Security No. none

4. Sex F 5. Color or race W 6. (a) Single, widowed, married, divorced Divorced
6. (b) Name of husband or wife unknown 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased Sep 9 1876 (Month) (Day) (Year)

8. AGE: Years 66 Months 9 Days 22 If less than one day _____ hr. _____ min.

9. Birthplace France 5 (City, town, or county) (State or foreign country)

10. Usual occupation House wife

11. Industry or business _____
12. Name Fredrick Pointler
13. Birthplace France 5 (City, town, or county) (State or foreign country)
14. Maiden name Mary Suty
15. Birthplace France (City, town, or county) (State or foreign country)

16. (a) Informant Fred Pointler
(b) Address 3425 Brown K.C. Mo

17. (a) Burial (b) Date thereof 7/5/43 (Month) (Day) (Year)
(c) Place: burial or cremation Mt. Mary Cem

18. (a) Signature of funeral director Sebbeto's
(b) Address 901 E 5th K.C. Mo

19. (a) 7-3-43 (b) J. E. Brown (Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 1st year 43 hour _____ minute _____ M.

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

Immediate cause of death Broncho pneumonia Duration _____

Due to _____
Due to 107

Other conditions (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? _____

23. Signature J. E. Brown (Specify type of place) (e) Means of injury _____
Address 28th McCoy Date signed 7/8/43

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.....

Ray E Snow

Licensed Embalmer No. *2560*

P. O. Address.....

K @ M

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.