

LED AUG 6 1943

State File No. _____
Registrar's No. **3086**

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
(c) Name of hospital or institution: K.C. TB Hosp. d
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 3 mo 8 day
(Specify whether) 36 yrs.
In this community _____ 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. 617 Cottage Lane
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME: Hazel Busby
3. (b) If veteran, name war No
3. (c) Social Security No. 486-07-12

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month July day 9
78 year 1943 hour 7.45 minute 4 M.
21. I hereby certify that I attended the deceased from 4-1-43
_____, 19____, to 7-9, 1943
that I last saw her alive on 7-9, 1943
and that death occurred on the date and hour stated above.

4. Sex: F **5. Color or race:** C
6. (a) Single, widowed, married, divorced, widowed: 2 divorced, widowed
6. (b) Name of husband or wife: Unknown
6. (c) Age of husband or wife if alive: _____ years
7. Birth date of deceased: January 3 1905
(Month) (Day) (Year)

Immediate cause of death: Pulmonary Tuberculosis
Due to: _____
Due to: _____
Other conditions: T.B. enteric
(Include pregnancy within 3 months of death) 4 mo

8. AGE: Years 38 Months 6 Days 6 If less than one day _____ hr. _____ min.
9. Birthplace: Jefferson City Mo. d
(City, town, or county) (State or foreign country)
10. Usual occupation: laundry worker

Major findings: _____
Of operations _____
Of autopsy as above
PHYSICIAN _____
Underline the cause to which death should be charged statistically.

11. Industry or business: laundry
12. Name: Walter Fields
13. Birthplace: Bunton Mo-d
(City, town, or county) (State or foreign country)
14. Maiden name: Mrs. Thompson
15. Birthplace: Jeff. City Mo. d
(City, town, or county) (State or foreign country)

16. (a) Informant: Reeds K.C. TB Hosp
(b) Address: Teel's inn
17. (a) Burial **(b) Date thereof:** 7-14-43
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation: Highland
18. (a) Signature of funeral director: W. E. Brown
(b) Address: 1819 E. 15th KC Mo
19. (a) 7-14-43 **(b) W. E. Brown**
(Date received local registrar) (Registrar's signature)

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: Matthew J. Noon (M. D. or other)
Address: K.C. TB Hosp **Date signed:** 7/9/43

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 *Wm G. Flynn*
Licensed Embalmer No. *2211*
P. O. Address *1819 E. 15th K.C.*

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.