

ED AUG 6 1943

Registration District No. 149

Primary Registration District No. 1002

Registrar's No. 3059

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:
Clara Steva Nursing Home 73241 Wabash
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 5 days
(Specify whether years, months or days)

In this community 50 years
(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. 2917 Paseo
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME MRS. HETTIE TAYLOR DUGGINS

3. (b) If veteran, name war XX

3. (c) Social Security No. No

4. Sex Fe

5. Color or race Wh

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

6. (b) Name of husband or wife W. H. Duggins

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

7. Birth date of deceased February 24 1856
(Month) (Day) (Year)

8. AGE: Years 87 Months 3 Days 18
If less than one day hr. min.

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

10. Usual occupation At Home

11. Industry or business

12. Name Alfred Lane

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

14. Maiden name No Record

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

16. (a) Informant Mrs. Delbert B. Lasher

(b) Address 2917 Paseo

17. (a) Burial (b) Date thereof 7-14-43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Mt. Moriah Cemetery

18. (a) Signature of funeral director J. W. Wagner
Kansas City, Mo.

(b) Address

19. (a) 7-12-43 (b) P. C. Brown
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 12th
year 1943 hour 12: minute 40 A. M.

21. I hereby certify that I attended the deceased from March 1943 to July 12th 1943
and that death occurred on the date and hour stated above.

Immediate cause of death Senility
Chronic nephritis
Chronic myocarditis

Duration 6 mo
1 yr

Due to 131 N

Other conditions (include pregnancy within 3 months of death)

Major findings: Of operations None

Of autopsy None

PHYSICIAN

Underline the cause to which death should be charged statistically.

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 0

23. Signature Leo E. O'Brien (M. D. or other) M. D.
Address 1002 Argyle Ave. N.E. Date signed 7-12-43

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

MOTHER FATHER

original
KLA 5037

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 Cecil R Matthes

Licensed Embalmer No. 3807

P. O. Address Kansas City, 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.