

LED AUG 21 1943

State File No. _____

Registration District No. 149

Primary Registration District No. 1002

Registrar's No. 3453

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: R.C. TB Hosp
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 2 m 10 d
(Specify whether 26 yrs. 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. 1016 Lydia
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Freddie C. FATHERLY
3. (b) If veteran, name war no
3. (c) Social Security No. 495-03-6264

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month 8 day 7
year 1943 hour 10 minute 10 A. M.
21. I hereby certify that I attended the deceased from 5-27-43
to 8-7-43
that I last saw her alive on 8-7-43
and that death occurred on the date and hour stated above.

4. Sex AM 5. Color or race C
6. (a) Single, widowed, married, divorced Single
6. (b) Name of husband or wife _____
6. (c) Age of husband or wife if alive _____ years

Immediate cause of death: Pulmonary Tuberculosis
Due to _____
Due to 13 1/2
Other conditions (include pregnancy within 3 months of death) _____
Major findings: Of operations _____
Of autopsy Pul TB C, TB Pericarditis TB hilar glands

7. Birth date of deceased: 11 23 1913
(Month) (Day) (Year)
8. AGE: Years 29 Months 8 Days 14
If less than one day hr _____ min _____

9. Birthplace: Earl Arkansas
(City, town, or county) (State or foreign country)
10. Usual occupation: Farmers
11. Industry or business: Laundry

Physician _____
Underline the cause to which death should be charged statistically.

MOTHER FATHER

12. Name: Charles FATHERLY
13. Birthplace: Richardson Tex
(City, town, or county) (State or foreign country)
14. Maiden name: Mary Jackson
15. Birthplace: Bushland Miss
(City, town, or county) (State or foreign country)
16. (a) Informant: Reeds I.C. TB Hosp
(b) Address: Reeds, Mo
17. (a) Burial (b) Date thereof 8-10-43
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation: Lincoln Cemetery
18. (a) Signature of funeral director: Kathleen W. Halpern
(b) Address: 1528 N. 5th St
19. (a) 8-10-43 (b) T. 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) (c) Means of injury _____
23. Signature: Matthew J. Horn (M. D. or _____)
Address: Reeds, Mo Date signed: 8/2/43

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

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 Nathan Whateley
Licensed Embalmer No. 2700
P. O. Address 1528 N. 5th St

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.