

FILED NOV 1 1948

149

Registration District No. \_\_\_\_\_

Primary Registration District No. 1002

Registrar's No. 4257

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:  
1704 Jefferson  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution XX  
(Specify whether  
In this community 12 yrs.  
years, months or days)

3. (a) PRINT FULL NAME

Cora Leon Athley

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

4. Sex F.  
5. Color or race M.  
6. (a) Single, widowed, married, divorced, Widow

6. (b) Name of husband or wife William  
6. (c) Age of husband or wife if alive 1980

7. Birth date of deceased: May 1 1884  
(Month) (Day) (Year)

8. AGE: Years 59 Months 5 Days 4  
If less than one day hr. min.

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

10. Usual occupation Rooming House owner

11. Industry or business \_\_\_\_\_

MOTHER FATHER

12. Name John J. Collins

13. Birthplace Unknown 9  
(City, town, or county) (State or foreign country)

14. Maiden name Martha Taylor 9

15. Birthplace Unknown 9  
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Ruth L. Lemmons

(b) Address 2615 Askew

17. (a) Burial (b) Date thereof 10/8/43  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Maple Hill Cem. K.C. Mo.

18. (a) Signature of funeral director H. Tigerman & Sons

(b) Address K. C. Mo.

19. (a) 10-7-43 (b) P. E. Brown  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Jackson  
(c) City or town Kansas City  
(If outside city or town limits, write "RURAL")  
(d) Street No. 1704 Jefferson  
(If rural, give location)  
(e) Citizen of foreign country? no. (Yes or No)  
If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 10 day 5  
year 43 hour 5:10 minute P. M.

21. I hereby certify that I attended the deceased from \_\_\_\_\_ 19\_\_\_\_  
that I last saw him \_\_\_\_\_ alive on \_\_\_\_\_ 19\_\_\_\_  
and that death occurred on the date and hour stated above.

Immediate cause of death Arteriosclerotic heart disease

Due to \_\_\_\_\_  
Due to a. 30

Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_

Major findings: Of operations \_\_\_\_\_

Of autopsy myocardium + history

Duration

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 \_\_\_\_\_

23. Signature P. E. Brown 3 (M. D. or other)

Address K.C. Mo. Date signed 10/8/43

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

*Francis Walter*

Registered Apprentice No.

*2744*

working under my personal supervision.

Signed

*J. A. Reiman*

Licensed Embalmer No.

*2744*

P. O. Address

*K.C. 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.