

NOV 1 1943

Registration District No. 149

Primary Registration District No. 1002

Registrar's No. 4429

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:
5631 Olive Street
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 18 Years
(Specify whether years, months or days)

3. (a) PRINT FULL NAME Mrs. Isadora Greenwood James

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

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced, Widowed

6. (b) Name of husband or wife Horace 6. (c) Age of husband or wife if alive 25 years

7. Birth date of deceased December 25 1855
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
87 9 24 23 hr. min.

9. Birthplace Palatine Illinois
(City, town, or county) (State or foreign country)

10. Usual occupation At Home

11. Industry or business ---

MOTHER FATHER { 12. Name James Sleeper
13. Birthplace Vermont
(City, town, or county) (State or foreign country)
14. Maiden name Della
15. Birthplace Palatine Illinois
(City, town, or county) (State or foreign country)

16. (a) Informant Mr. Walter R. James
(b) Address 5631 Olive Street

17. (a) Removal (b) Date thereof Oct. 19, 1943
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial of Elgin, Illinois

18. (a) Signature of funeral director D. H. Newcomer, Inc.
(b) Address 1401 Brush Creek Blvd.

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

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. 5631 Olive Street
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country ---

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 18
year 1943 hour 9 minute PM M.

21. I hereby certify that I attended the deceased from May 1, 1943, to October 18, 1943, that I last saw her alive on May 1, 1943, and that death occurred on the date and hour stated above.

Immediate cause of death Coronary occlusion

Due to Obesity

Due to Senility 94+

Other conditions: ---
(Include pregnancy within 3 months of death)

Major findings: ---
Of operations ---
Of autopsy ---

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 George V. Feist (M. D. or other) ---
Address 702 Professional Date signed 10-18-43

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 *A.C. Newcomer*
Licensed Embalmer No. 7073
P. O. Address *R.C. No.*

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.