

Registration District No. 77

Primary Registration District No. 5289

Registrar's No. 88

1. PLACE OF DEATH:

(a) County Clayson
(b) City or town North Kansas City
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution Rural - Gallatin Sup
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community 1 year (Specify whether)
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Clay
(c) City or town Route 8, North Kansas City
(If outside city or town limits, write "RURAL")
(d) Street No. _____ (If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME AMY PEARL GARRINGER

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

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

6. (b) Name of husband or wife Allen L. 6. (c) Age of husband or wife if alive 54 years

7. Birth date of deceased Jan. 3, 1889
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
54 9 26 hr. min.

9. Birthplace Brunswick Georgia
(City, town, or county) (State or foreign country)

10. Usual occupation Homemaker

11. Industry or business None

12. Name Sarl Livingston

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

14. Maiden name Ellen Bowers

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

16. (a) Informant Allen L. Garringer

(b) Address R. F. D. #8, North Kansas City, Mo.

17. (a) Burial (b) Date thereof Oct. 30, 1943
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Memorial Park Cemetery

18. (a) Signature of funeral director C. H. Blackman & Son, Inc.

(b) Address 2825 Independence Blvd., K. C. Mo.

19. (a) Oct 30 - 1943 (b) Buch T. Henry
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION:

20. DATE OF DEATH: Month Oct. day 29
year 1943 hour 2 minute 30 A.M.

21. I hereby certify that I attended the deceased from Oct 27 1943
_____, 19____, to Oct 28, 1943

that I last saw her alive on Oct 28, 1943
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Thrombosis Duration 2 days

Due to _____

Due to _____

Other conditions 838
(Include pregnancy within 3 months of death)

Major findings: Of operations _____

Of autopsy _____

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) _____

(b) Date of occurrence _____

23. 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 [Signature] (M. D. or other) [Signature]

Address [Address] Date signed 11 29 43

Dr. Wally
North Kansas City

RECEIVED

District No. 8,

District File Number

Date Filed Feb 11 1933

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 W. Blackman

Licensed Embalmer No. 3639

P. O. Address W. C. Moore

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.