

FILED DEC 3 1943/9
Registration District No. _____

Primary Registration District No. **1002**

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

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:
1464 Independence Ave.
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____
(Specify whether In this community _____ 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. **1464 Independence Ave.**
(If rural, give location)

(e) Citizen of foreign country? **no** (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME **Mrs. Louisa B. Garvin**

3. (b) If veteran, **no** name war _____

3. (c) Social Security No. **none**

4. Sex **female**

5. Color or race **white**

6. (a) Single, widowed, married, **divorced, widow**

6. (b) Name of husband or wife **Sam. P. Garvin**

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

7. Birth date of deceased **September 18 1865**
(Month) (Day) (Year)

8. AGE: Years **78** Months **1** Days **22** If less than one day _____ hr. _____ min.

9. Birthplace **Greene County Missouri**
(City, town, or county) (State or foreign country)

10. Usual occupation **Housewife**

11. Industry or business **none**

MOTHER FATHER { 12. Name **Elijah Holcomb**

13. Birthplace **unknown Tenn.**
(City, town, or county) (State or foreign country)

14. Maiden name **Mahala Janway**

15. Birthplace **unknown Tenn.**
(City, town, or county) (State or foreign country)

16. (a) Informant **Samuel R. Garvin**

(b) Address **5517 Aberdeen Rd.**

17. (a) **Removal** (Burial, cremation, or removal) (b) Date thereof **11-10-43**
(Month) (Day) (Year)

(c) Place: burial or cremation **Mt. Hope Cem. K.C.**

18. (a) Signature of funeral director **Fairweather-Werner**

(b) Address **1754 Washington Blvd.**

19. (a) **11-10-43** (Date received local registrar) (b) **T. E. Brown** (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **November** day **9th**
year **1943** hour **4:15** minute _____ P. M.

21. I hereby certify that I attended the deceased from **Oct. 2** 19**43** to **Nov. 9** 19**43**

that I last saw h. _____ alive on _____ 19____;

and that death occurred on the date and hour stated above.

Immediate cause of death _____

Due to **terminal pneumonia**

Due to **hypertensive cardiac vascular disease**

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

Major findings: **932**
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 _____

(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 **T. E. Brown** (M. D. or other) _____

Address **Kansas City Mo** Date signed **11/10/43**

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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 *Chick Werner*
Licensed Embalmer No. *2598*
P. O. Address *Kamslety Kansas*

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.