

Registration District No. **149** Primary Registration District No. **1002**

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:
4410 WORNALL ROAD
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution _____ (Specify whether
 In this community **4 YEARS**
 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. **4410 WORNALL ROAD**
 (If rural, give location)
 (e) Citizen of foreign country? **NO** (Yes or No)
 If yes, name country _____

3. (a) PRINT FULL NAME **MRS. ALICE WILLIAM HIMES**
 3. (b) If veteran, name war **NO** 3. (c) Social Security No. **NONE**

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month **Nov** day **21** -
 year **1943** hour **5** minute **20 P.M.**
 21. I hereby certify that I attended the deceased from **Sept 15 - 43**
 19 **Nov. 21** to **Nov. 21** 19**43**.
 that I last saw her alive on **Nov 21** 19**43**.
 and that death occurred on the date and hour stated above.

4. Sex **FEMALE** 5. Color or race **WHITE** 6. (a) Single, widowed, married, divorced **WIDOWED**
 6. (b) Name of husband or wife **MR. FRANK M. HIMES** 6. (c) Age of husband or wife if alive _____ years
 7. Birth date of deceased **DECEMBER 25 1863**
 (Month) (Day) (Year)

Immediate cause of death **Bronchial Pneumonia** Duration **2 days**

8. AGE: Years **79** Months **10** Days **27** If less than one day **26** hr. _____ min.

Due to **3a**

9. Birthplace **PARAGOULD ARKANSAS**
 (City, town, or county) (State or foreign country)

Due to **cerebral hemorrhage** **2 1/4 mo**

10. Usual occupation **AT HOME**

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

11. Industry or business _____
 12. Name **WILLIAM THOMASON**
 13. Birthplace **UNKNOWN ARKANSAS**
 (City, town, or county) (State or foreign country)
 14. Maiden name **ANN McDERMOTT**
 15. Birthplace **UNKNOWN ARKANSAS**
 (City, town, or county) (State or foreign country)

Major findings: _____
 Of operations _____
 Of autopsy **none**
 PHYSICIAN _____
 Underline the cause to which death should be charged statistically.

16. (a) Informant **MRS. EVA AVERY**
 (b) Address **4410 WORNALL ROAD**
 17. (a) **REMOVAL** (b) Date thereof **NOV 26 1943**
 (Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation **ARCADIA, ARKANSAS**
 18. (a) Signature of funeral director **D. H. Newcomer Sec 1**
 (b) Address **1401 BRUSH CREEK BLDG**
 19. (a) **11-23-43** (b) **D. E. Brown**
 (Date received local certifier) (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) (e) Means of injury _____
 23. Signature **J. H. Graveling M.D.** (M. D. or other) **C**
 Address **3706 Broadway, Kansas City Mo** Date signed **11/21-43**

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 Emile M. Calhoun

Licensed Embalmer No. 3506

P. O. Address F 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.