

FILED DEC 3 1943

Registration District No. 1002

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:
In Ambulance 3 enroute to St. Supes
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 19 years
(Specify whether 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. 4017 Charlotte
(If rural, give location)
(e) Citizen of foreign country? No. (Yes or No)
If yes, name country J

3. (a) PRINT FULL NAME Mrs. Alta Lucille Hoodenpyle

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 Married

6. (b) Name of husband or wife Earl D. Hoodenpyle 6. (c) Age of husband or wife if alive 44 years

7. Birth date of deceased Sept. 18 1902
(Month) (Day) (Year)

8. AGE: Years 41 Months 2 Days 2 If less than one day hr. min.

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

10. Usual occupation Nurse

MOTHER FATHER 11. Industry or business

12. Name Frank N. Raymond

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

14. Maiden name Mary Nickell

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

16. (a) Informant Earl D. Hoodenpyle

(b) Address 4017 Charlotte

17. (a) Removal. (b) Date thereof 11-24-43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Slagle, Mo.

18. (a) Signature of funeral director Freeman Mortuary

(b) Address Kansas City, Missouri

19. (a) 11-29-43 (b) N. E. Brown
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 11 day 20 1943
year hour 2:30 minute P.M.

21. I hereby certify that I attended the deceased from Feb. 14 1942 to Nov 20 1943
that I last saw her alive on Nov. 20 1943
and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma of Breast
metastatic Duration 2 years

Due to 50

Other conditions (Include pregnancy within 3 months of death)

Major findings: Carcinoma of breast
Of operations
Of autopsy

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 Shawnee Eigel M.D. (M.D. or other) M.D.
Address Plaza Med Bldg Date signed 11-22-43

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 Walter H. Erwin

Licensed Embalmer No. 4352

P. O. Address Kansas City, 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.