

FILED NOV 19 1943
 149

Registration District No. _____

Primary Registration District No. 1002

Registrar's No. _____

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:
4301 Chestnut Avenue
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 25 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. 4301 Chestnut Avenue
(If rural, give location)
 (e) Citizen of foreign country? No (Yes or No)
 If yes, name country _____

3. (a) PRINT FULL NAME Mrs. Edith Pearl Ladd

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month October day 26th
 year 1943 hour 8 minute 35 A. M.

3. (b) If veteran, name war No 3. (c) Social Security No. No.

21. I hereby certify that I attended the deceased from June 2 1941, to Oct 26 1943
 that I last saw her alive on Oct 25 1943
 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 Married
 6. (b) Name of husband or wife Mr. Clarence A. Ladd 6. (c) Age of husband or wife if alive 61 years
 7. Birth date of deceased: May 1 1885
(Month) (Day) (Year)

Immediate cause of death
Hypertensive Heart Disease

8. AGE:	Years	Months	Days	If less than one day
	<u>58</u>	<u>5</u>	<u>25</u>	hr. _____ min. _____

Due to _____
 Due to _____

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

Other conditions (Include pregnancy within 3 months of death)

10. Usual occupation housewife

11. Industry or business _____

PHYSICIAN

MOTHER FATHER
 12. Name J. W. Wallace
 13. Birthplace Unknown Indiana
(City, town, or county) (State or foreign country)
 14. Maiden name Sarah Walden
 15. Birthplace Carrollton Missouri
(City, town, or county) (State or foreign country)

Major findings:
 Of operations _____
 Of autopsy _____

16. (a) Informant Mr. Clarence A. Ladd
 (b) Address 4301 Chestnut
 17. (a) Burial 1 (b) Date thereof Oct 28 - 43
(Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial of cremation Floral Hills Cemetery

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?

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

While at work? _____ (Specify type of place)
 (c) Means of injury _____

19. (a) 10-27-43 (b) P. E. Brown
(Date received local registrar) (Registrar's signature)

23. Signature George O. Bee (M. D. or nurse)
 Address 1630 Prof. Bldg Date signed 10/26/43

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

Professional Body

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 *F M Calhoun*

Licensed Embalmer No. *3506*

P. O. Address *KC 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.