

FILED JAN 3 1949

Registration District No. 149

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:
K. C. General Hospital No. 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 2 hrs. 20 min.
(Specify whether)

In this community 3 years
years, months or days

3. (a) PRINT FULL NAME Retha Edwards

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

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

6. (b) Name of husband or wife Wes
6. (c) Age of husband or wife if alive 35 years

7. Birth date of deceased Jan 10 - 1908
(Month) (Day) (Year)

8. AGE: Years 35 Months 11 Days 1
If less than one day hr. min.

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

10. Usual occupation Housewife

11. Industry or business

12. Name Cherice Thompson

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

14. Maiden name Daisy Fowler

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

16. (a) Informant Orange Funder Name

(b) Address Ladonna Rd

17. (a) Removal (b) Date thereof 12/13/43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Ladonna Rd

18. (a) Signature of funeral director Orange Funder Name

(b) Address Ladonna Rd

19. (a) 12-13-43 (b) T. E. Brown
(Date received local registrar) (Registrar's signature)

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. 5319 E. 50 Highway
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December day 11
year 1943 hour 6 minute 50 P. M.

21. I hereby certify that I attended the deceased from December 11 1943 to December 11 1943.

that I last saw her alive on December 11 1943; and that death occurred on the date and hour stated above.

Immediate cause of death Brain tumor Duration

Due to

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings:

Of operations Unclassified
Of autopsy Pending investigation

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) (2) Means of injury

23. Signature Clark W. Seely M.D. (M. D. or other)

Address General Hospital Date signed 12/13/43

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 Ray E. Snow

Licensed Embalmer No. 2560

P. O. Address 100 MD

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.

Registration District No. 129 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 Randall city
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution. (Specify whether
In this community (Specify whether
years, months or days)

3. (a) PRINT FULL NAME Retho Edwards

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

4. Sex M 5. Color or race W 6. (a) Single, widowed, married, divorced M

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

7. Birth date of deceased JUN 10 1903
(Month) (Day) (Year)

8. AGE: Years 25 Months 11 Days _____ If less than one day _____ min.

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

10. Usual occupation _____

11. Industry or business _____

12. Name _____

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

14. Maiden name _____

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

16. (a) Informant _____

(b) Address _____

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

(c) Place: burial or cremation _____

18. (a) Signature of funeral director _____
(b) Address _____

19. (a) _____ (b) _____
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec Day 17 Year 1943 Hour _____ Minute _____ M.

21. I hereby certify that I attended the deceased from _____, 19____; that I saw him _____ alive on _____, 19____; and that death occurred on the date and hour stated above.

Immediate cause of death Brain Tumor Duration _____

Due to Primary Brain Tumor

Due to (Meningioma)

Other conditions (Malignant)
(Include pregnancy within 5 months of death)

Major findings: Of operations _____
Of autopsy 54 p

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 Clark W. Seely (M. D. or _____)
Address General Hospital Date signed _____

Bank to Lady

S 40951