

FILED JAN 3 1948
199

Registration District No. 199 Primary Registration District No. 1002

1. PLACE OF DEATH:
(a) County Jackson
(b) City or town Kansas City, Mo.
(c) Name of hospital or institution:
814 S. White
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community 55 years
years, months or days

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Jackson
(c) City or town Kansas City, Mo.
(If outside city or town limits, write "RURAL")
(d) Street No. 814 S. White
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Mrs. Addie Jane Hereford
3. (b) If veteran, name war -- 3. (c) Social Security No. None

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Dec. day 14
year 1945 hour 12 minute 20 A.M.

4. Sex F 5. Color or race W 6. (a) Single, widowed, married, divorced, Widowed
6. (b) Name of husband or wife John W. Hereford 6. (c) Age of husband or wife if alive Dec. years
7. Birth date of deceased March 5, 1862
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from Dec 12, 1945 to Dec 14, 1945
that I last saw her alive on Dec 12, 1945
and that death occurred on the date and hour stated above.

8. AGE: Years 81 Months 9 Days 9 If less than one day
hr. _____ min.

Immediate cause of death Crown Aneurysm

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

Due to Arterio sclerosis

10. Usual occupation Homemaker

Due to Senility 940

11. Industry or business At Home

Other conditions (Include pregnancy within 3 months of death)

12. Name Simonds

Major findings: Of operations None

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

Of autopsy None

14. Maiden name Unknown

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

22. If death was due to external causes, fill in the following:

16. (a) Informant Mrs. Rudolf Marsden
(b) Address 814 S White, K.C. Mo.

(a) Accident, suicide, or homicide (specify) _____

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

(b) Date of occurrence _____

(c) Place: burial or cremation Mt Washington Cemetery

(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 Shell Funeral Home
(b) Address 6606 Indep. Ave. K.C. Mo.

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

19. (a) 12-17-43 (b) D. E. Brown
(Date received local registrar) (Registrar's signature)

23. Signature D. E. Brown (M.D. or other) Do
Address 4316 99th K.C. Mo. Date signed 12-16-43

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

MOTHER FATHER

Duration

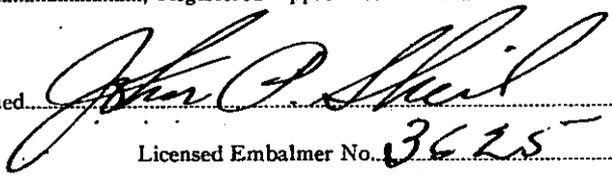
PHYSICIAN

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 

Licensed Embalmer No. 3625

P. O. Address K.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.