

FILED FEB 24 1944
Registration District No. 34047

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: Menorch Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 12-26-43 + 1-9-44
(Specify whether
In this community 50 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Kansas (b) County Jackson
(c) City or town Kansas City
(If outside city or town limits, write "RURAL")
(d) Street No. 1245 Douglas
(If rural, give location)
(e) Citizen of foreign country? (Yes or No) No
If yes, name country

3. (a) PRINT FULL NAME Bertha Madison
3. (b) If veteran, name war none
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 Harry B. Madison
6. (c) Age of husband or wife if alive 23 years
7. Birth date of deceased Aug. 23 1879
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
64 5 16 hr. min.

9. Birthplace no record Penn. /
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business at home

MOTHER FATHER { 12. Name Geo. Courson
13. Birthplace no record Penn. /
(City, town, or county) (State or foreign country)
14. Maiden name Bartha O'Donnell
15. Birthplace no record Penn. /
(City, town, or county) (State or foreign country)

16. (a) Informant Harry B. Madison

(b) Address 1245 Douglas

17. (a) Burial (b) Date thereof 1/13/44
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Maple Hill Cem.

18. (a) Signature of funeral director State Funeral Home
(b) Address 1501 Olive Blvd.

19. (a) Jan 11, 1944 (b) J. B. Brown
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan. day 9
year 1944 hour A. M. minute A. M.

21. I hereby certify that I attended the deceased from Dec. 26
1943 to Jan 9, 1944;
that I last saw her alive on Jan 9, 1944
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Thrombosis

Due to

Due to

Other conditions 945
(Include pregnancy within 3 months of death)

Major findings:
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?

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

23. Signature Paul Deery (M. D. or other) Full
Address 1610 Prof Bldg 7 - Date signed 1-11-44

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

*Mr. Training
Prof. Bledz*

NOV 8 1945

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.....

P. O. Address.....

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.