

FILED APR 7 1944

Primary Registration District No. 1002

Registrar's No. 1366

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:  
Lakeside Hosp.  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 2 weeks  
(Specify whether  
In this community 2 wks  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Kansas (b) County Wyandotte  
(c) City or town Kansas City  
(If outside city or town limits, write "RURAL")  
(d) Street No. 532 Southwest Blvd.  
(If rural, give location)  
(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country 2

MEDICAL CERTIFICATION

3. (a) PRINT FULL NAME Bessie May Teegarden

20. DATE OF DEATH: Month March day 24  
year 1944 hour \_\_\_\_\_ minute \_\_\_\_\_ M.

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

21. I hereby certify that I attended the deceased from March 11,  
1944 to March 24, 1944  
that I last saw her alive on March 24, 1944  
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 Austin Teegarden 6. (c) Age of husband or wife if alive 51 years  
7. Birth date of deceased June 18 1898  
(Month) (Day) (Year)

Immediate cause of death acute general peritonitis Duration 4 days

8. AGE: Years Months Days If less than one day  
45 9 6 hr. \_\_\_\_\_ min.

Due to \_\_\_\_\_  
Due to Ruptured appendix 15 days

9. Birthplace Chaonia No. 0  
(City, town, or county) (State or foreign country)

Other conditions (Include pregnancy within 3 months of death)

10. Usual occupation housewife

Major findings: Of operations Ruptured appendix PHYSICIAN \_\_\_\_\_

11. Industry or business at home

Of autopsy 1211 Underline the cause to which death should be charged statistically.

12. Name Napoleon Darnell

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

13. Birthplace Buckhorn No. 0  
(City, town, or county) (State or foreign country)

(a) Accident, suicide, or homicide (specify) \_\_\_\_\_

14. Maiden name Dora Anne Wilson

(b) Date of occurrence \_\_\_\_\_

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

(c) Where did injury occur? \_\_\_\_\_ (City or town) (County) (State)

16. (a) Informant Austin Teegarden

(d) Did injury occur in or about home, on farm, in industrial place, in public place? \_\_\_\_\_

(b) Address 532 Southwest Blvd.

17. (a) burial (b) Date thereof 3 / 27 / 44  
(Burial, cremation, or removal) (Month) (Day) (Year)

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

While at work? \_\_\_\_\_ (Specify type of place) (e) Means of injury 2

18. (e) Signature of funeral director Gates Funeral Home

(b) Address 1901 Olive Blvd.

23. Signature F.W. Thompson (M. D. or other) 20

19. (a) 3-27-44 (b) N.E. Brown  
(Date received local registrar) (Registrar's signature)

Address 120 Bryant Bldg Date signed 3/27/44

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

MOTHER, FATHER

*Dr. Fred*

*Thompson*

*720 Bryant Bldg*

**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..... *Wm J Ward* .....

Licensed Embalmer No. *3991* .....

P. O. Address..... *309 E 67 St* .....

**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.**