

FILED MAY 5 1944

Registration District No. 5 1944

Primary Registration District No. 1002

Registrar's No. 1791

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

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: TRINITY LUTHERAN HOSPITAL
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 3 MONTHS
(Specify whether years, months or days)

In this community 42 YEARS

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. 3525 VIRGINIA AVENUE
(If rural, give location)

(e) Citizen of foreign country? NO (Yes or No)

If yes, name country -----

3. (a) PRINT FULL NAME MRS. DOROTHY DRAVER

3. (b) If veteran, name war NO

3. (c) Social Security No. NONE

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month APRIL day 21 year 1944 hour 1 minute 25 A.M.

4. Sex FEMALE 5. Color or race WHITE

6. (a) Single, widowed, married, divorced MARRIED

6. (b) Name of husband or wife MR. ARTHUR W. DRAVER

6. (c) Age of husband or wife if alive 62 years

7. Birth date of deceased MAY 13 1892
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from Jan. 26 1944 to April 21 1944; that I last saw her alive on April 20 1944; and that death occurred on the date and hour stated above.

8. AGE: Years 49 Months 11 Days 8 If less than one day hr. min.

Immediate cause of death Hodgkin's disease Duration 2 years

9. Birthplace ST. JOSEPH MISSOURIO
(City, town, or county) (State or foreign country)

Due to

Due to

Other conditions (include pregnancy within 3 months of death) 44/6

10. Usual occupation HOUSEWIFE

11. Industry or business

Major findings: Hodgkin's disease - lymph

Of operations Hodgkin's disease - lymph

Of autopsy Hodgkin's disease - lymph node involvement along aorta

MOTHER FATHER

12. Name UNKNOWN DAUMN

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

14. Maiden name HARRIETT SERGENT

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

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?

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

16. (a) Informant Mrs. Ralph S. Brown

(b) Address 1015 8th Armour St. C. Mo.

17. (a) CREMATION (Burial, cremation, or removal)

(b) Date thereof APRIL 24 1944
(Month) (Day) (Year)

(c) Place: burial or cremation D.W. NEWCOMERS SONS

18. (a) Signature of funeral director D.W. Newcomer's Sons

(b) Address 1401 BRUSH CREEK BLVD.

While at work?

(Specify type of place) (Means of injury)

23. Signature Robert A. Moore (M. D. or other) MD

Address 126 W. 14th St., K.C. Mo. Date signed 4-22-44

19. (a) 4-24-44 (Date received local registrar)

(b) R. E. Brown (Registrar's signature)

904 Praeger & Knight 1969
106 West 14th Street
11:30.1

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..... *R C Newcomer Jr*
Licensed Embalmer No..... *4043*
P. O. Address..... *R C M*

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.