

Registration District No. 149

Primary Registration District No. 1002

Registrar's No. 2239

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: St. Lukes
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 6 weeks
(Specify whether years, months or days)
 In this community 6 weeks

2. USUAL RESIDENCE OF DECEASED:

(a) State Kansas (b) County Franklin
 (c) City or town Wellsville
(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 2

3. (a) PRINT FULL NAME Adda Chambers

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, Widow

6. (b) Name of husband or wife Ed Chambers 6. (c) Age of husband or wife if alive, years

7. Birth date of deceased: May 19 1862
(Month) (Day) (Year)

8. AGE: Years 82 Months 0 Days 3 If less than one day hr. min.

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

10. Usual occupation Housewife

11. Industry or business

12. Name Jehu Stephens

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

14. Maiden name Sarah Fagughan

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

16. (a) Informant Mrs. Wanata Petty

(b) Address Wellsville Kansas

17. (a) Removal (b) Date thereof 5-24-44
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Wellsville Kansas

18. (a) Signature of funeral director Edna Bras
 (b) Address 1416 Main

19. (a) 5-24-44 (b) H. E. Brown
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 22 year 1944 hour 8 minute 2 M.

21. I hereby certify that I attended the deceased from 4-12-44 to 5-22 1944

that I last saw him alive on 19..... and that death occurred on the date and hour stated above.

Immediate cause of death Toxemia

Due to Bodily Burns

Due to 181-1

Other conditions 15
(Include pregnancy within 3 months of death)

Major findings: 0.112 by Dr. Seitch
 Of operations
 Of autopsy

Duration

1 mo

Weeks

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) Accident 136

(b) Date of occurrence April 12 1944

(c) Where did injury occur? Wellsville Kansas
(City or town) (County) (State)

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

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

23. Signature C. P. Anderson (M. D. or other)

Address Playa del Bldg Date signed 5-22-44

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

MOTHER FATHER

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

O. H. Beckwith

Licensed Embalmer No. *3937*

P. O. Address *Kans City Kans*

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.