

FILED MAY 25 1944

Registration District No. _____

Primary Registration District No. 1002

Registrar's No. _____

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:
5704 Mc GEE STREET
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether
In this community 50 YEARS years, months or days)

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. 5704 Mc GEE STREET
(If rural, give location)
(e) Citizen of foreign country? NO (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME MRS. LOUISE PERKY DARLING

3. (b) If veteran, name war NO
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 MR. ARTHUR DARLING
6. (c) Age of husband or wife if alive 58 years

7. Birth date of deceased MARCH 12 1883
(Month) (Day) (Year)

8. AGE: Years 61 Months 2 Days 3
If less than one day hr. _____ min. _____

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

10. Usual occupation HOUSEWIFE

11. Industry or business _____

12. Name HUGH F. CLINE

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

14. Maiden name NANCY JACOBS

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

16. (a) Informant Arthur Darling
(b) Address 5704 Mc GEE STREET

17. (a) BURIAL (b) Date thereof MAY 18 1944
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation MT. MORIAH C.E.M.

18. (a) Signature of funeral director D. H. Newcomison

(b) Address 1401 BRUSH CREEK BLDG.

19. (a) May 18, 1944 (b) T. E. Brown
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month MAY day 15TH
year 1944 hour 6 minute 00 P. M.

21. I hereby certify that I attended the deceased from early in 1944 to May 15, 1944;
that I last saw her alive on April 17, 1944;
and that death occurred on the date and hour stated above.

Immediate cause of death: Carcinoma of the breast (right) with multiple metastases & pathologic fracture of right femur. Duration 3+ yrs

Other conditions: 50
(Include pregnancy within 3 months of death)

Major findings: Of operations _____

Of autopsy: None performed

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? _____

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

23. Signature W. J. Anderson M.D. (M. D. or other) _____

Address 730 Professional Bldg Date signed 5/16/44

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

48
2138

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 Emile M. Calhoun

Licensed Embalmer No. 3506

P. O. Address Kemo

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.

no representation made