

No. 2  
-8-43  
5-17-39  
I X37823

Registration District No. **1994**

Primary Registration District No. **1002**

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:  
1635 Elmwood 1  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether)

In this community about 45 yrs  
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson **48**

(c) City or town Kansas City **3**  
(If outside city or town limits, write "RURAL") **8**

(d) Street No. 1635 Elmwood  
(If rural, give location)

(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country \_\_\_\_\_ **0**

3. (a) PRINT FULL NAME Mary Gertrude Dennis

3. (b) If veteran, name war no

3. (c) Social Security No. none

4. Sex Female 5. Color of race White

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

6. (b) Name of husband or wife Wesley 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased Oct. 11, 1860  
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<u>83</u>	<u>7</u>	<u>10</u>	hr. _____ min. _____

9. Birthplace Nottinghamshire England  
(City, town, or county) (State or foreign country)

10. Usual occupation House wife

11. Industry or business \_\_\_\_\_

MOTHER FATHER

12. Name Wm. Bennett **11**

13. Birthplace \_\_\_\_\_ England  
(City, town, or county) (State or foreign country)

14. Maiden name Hanna Shaw

15. Birthplace \_\_\_\_\_ England  
(City, town, or county) (State or foreign country)

16. (a) Informant Carl T. Dennis

(b) Address 1635 Elmwood

17. (a) Burial (b) Date there May 24-1944  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Brookings Cemetery

18. (a) Signature of funeral director Mrs. E. K. Foster

(b) Address 918 Brooklyn

19. (a) 5-23-44 (b) N. E. Brown  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 21  
year 1944 hour 12 minute 30 P M.

21. I hereby certify that I attended the deceased from 8-25  
1941 to 5-21 1944;

that I last saw h. alive on 5-20 1944  
and that death occurred on the date and hour stated above.

Immediate cause of death \_\_\_\_\_ Cerebral degeneration **1 week**

Due to Bronchial pneumonia **2 week**

Due to arteriosclerosis **year**

Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Major findings: \_\_\_\_\_ **also**

Of operations no

Of autopsy no

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? \_\_\_\_\_

While at work? \_\_\_\_\_ (Specify type of place)

(c) Means of injury \_\_\_\_\_

23. Signature John T. Dennis (M. D. or other) **MD**

Address 1102 Grand Avenue Date signed 5-22-44

*K. E. 140*

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 K. Jackson*

Licensed Embalmer No.

*3954*

P. O. Address

*K.C. Mo*

**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.**

*md 7010  
1402*