

FILED JUN 3 1944

State File No. \_\_\_\_\_

Registration District No. 149

Primary Registration District No. 1002

Registrar's No. 2255

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:  
4333 COLLEGE AVENUE  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether)  
In this community 6 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. 4333 COLLEGE AVENUE  
(If rural, give location)  
(e) Citizen of foreign country? No (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME MRS. AMANDA EXENIA M<sup>rs</sup> KAY  
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 WIDOWED  
6. (b) Name of husband or wife MR. ANGUS M<sup>rs</sup> KAY  
6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
7. Birth date of deceased JULY 16 1855  
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>88</u>	<u>10</u>	<u>8</u>	hr. _____ min. _____

9. Birthplace OWEN COUNTY INDIANA  
(City, town, or county) (State or foreign country)

10. Usual occupation \_\_\_\_\_

11. Industry or business at home

12. Name WILLIAM GULLIFER

13. Birthplace OWEN COUNTY INDIANA  
(City, town, or county) (State or foreign country)

14. Maiden name MARTHA OWEN

15. Birthplace OWEN COUNTY INDIANA  
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Cora E. Rachel  
(b) Address 4333 College

17. (a) BURIAL (b) Date thereof May 26-44  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation MEMORIAL PARK CEM.

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

(b) Address 1401 BRUSH CREEK BLYD.

19. (a) 5-25-44 (b) D. E. Brown  
(Date received local registrar) (Registrar's signature)

(Licensed Embalmer's Statement on Reverse Side)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month MAY day 24<sup>TH</sup>  
year 1944 hour 6 minute 30 A. M.  
21. I hereby certify that I attended the deceased from 5-4-44, 19\_\_\_\_, to 5-24-44, 19\_\_\_\_;  
that I last saw her alive on 5-23-44, 19\_\_\_\_;  
and that death occurred on the date and hour stated above.

Immediate cause of death arterio-sclerotic nephritis  
& uremia  
Due to chronic bronchitis

Duration  
70-  
2 wks  
4 wks

Due to \_\_\_\_\_  
Due to \_\_\_\_\_

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

Major findings: Of operations \_\_\_\_\_ 13/a

Of autopsy none

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)  
Means of injury \_\_\_\_\_

23. Signature Frank Bleckman (M. D. or other) MD.  
Address 924 Pry Bldg Date signed 5-24-44

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

MOTHER FATHER

11-12

**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: RCMA

**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.**