

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

FILED JUN 22 1944
Registration District No. 1002

Primary Registration District No. 1002

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: 3631 Campbell 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 15 years (Specify whether years, months or days)
In this community 15 years

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")
(d) Street No. Missouri 8700 E. Gregory
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country 10

3. (a) PRINT FULL NAME MRS LELIA MARIE GARNER
3. (b) If veteran, name war No
3. (c) Social Security No. 487-09-588

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month June 4th day 4 year 1944 hour 4:10 minute A M.
21. I hereby certify that I attended the deceased from March 6 1944 to June 4 1944 and that death occurred on the date and hour stated above.

4. Sex Female 5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Wayman Garner
6. (c) Age of husband or wife if alive 40 years
7. Birth date of deceased June 12 1906
(Month) (Day) (Year)

that I last saw h... er alive on June 3 1944 1944
Immediate cause of death Asthma and hypertension
Duration

8. AGE: Years 37 Months 11 Days 22 If less than one day hr. min.

Due to
Due to
Other conditions (Include pregnancy within 3 months of death)
Major findings: Of operations 11/2
Of autopsy

9. Birthplace Elston Missouri 0
(City, town, or county) (State or foreign country)

10. Usual occupation National Biscuit Co
11. Industry or business
12. Name Albert Surface
13. Birthplace Indiana 1
(City, town, or county) (State or foreign country)
14. Maiden name Lydia Peeper
15. Birthplace Missouri 0
(City, town, or county) (State or foreign country)

PHYSICIAN
Underline the cause to which death should be charged statistically.

16. (a) Informant Waymon Garner
(b) Address 8700 East Gregory Blvd
17. (a) Removal 6/6/44 (b) Date thereof 6/6/44
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Elston, Mo

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) none
(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?

18. (a) Signature of funeral director Dwight P. Robin Co
(b) Address 20 West Linwood
19. (a) 6-5-44 (b) D. E. Brown
(Date received local registrar) (Registrar's signature)

While at work? (Specify type of place)
(e) Means of injury
23. Signature C. B. Harris (M. D. or other) MD
Address 808 West 38 - KC. Mo Date signed 6/4/44

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

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 Charles M. Zwick

Licensed Embalmer No. 3774

P. O. Address Kansas City 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.