

Registration District No. **FILED JUL 15 1944**

Primary Registration District No. **1002**

Registrar's No. **2825**

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 Joseph Hosp.
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 10 days
(Specify whether years, months or days)
 In this community 16 yrs. (Specify whether 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.")
 (d) Street No. 1721 west 34th. St. 8
(If rural, give location)
 (e) Citizen of foreign country? _____ (Yes or No)
 If yes, name country _____

3. (a) PRINT FULL NAME Lynn Armenta Harrell

3. (b) If veteran, name war none 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 Albert E. Harrell 6. (c) Age of husband or wife if alive 72 years

7. Birth date of deceased June 18 1876
(Month) (Day) (Year)

8. AGE: Years 68 Months 0 Days 19 If less than one day hr. _____ min. _____

9. Birthplace Indianola Iowa
(City, town, or county) (State or foreign country)

10. Usual occupation housewife

11. Industry or business at home

12. Name Nathan Wilson

13. Birthplace no record North Carolina
(City, town, or county) (State or foreign country)

14. Maiden name Henretta Knott

15. Birthplace no record
(City, town, or county) (State or foreign country)

16. (a) Informant Albert E. Farrell

(b) Address 1721 west 34th St.

17. (a) Burial (b) Date thereof 7/10/44
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Sedalia, Mo.

18. (a) Signature of funeral director Dates Funeral Home

(b) Address 1901. Lathé Blvd.

19. (a) 7-7-44 (b) N. E. Brown
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 7 year 1944 hour 5 minute _____ M.

21. I hereby certify that I attended the deceased from July 7th 1944 to July 7 1944
 that I last saw her alive on _____ 19____
 and that death occurred on the date and hour stated above.

Immediate cause of death: Bronchopneumonia
Gallbladder Operative

Due to _____
 Due to _____
 Other conditions Diabetes Mellitus
(Include pregnancy within 3 months of death)

Major findings: 61
 Of operations
 Of autopsy

22. If death was due to external causes, fill in the following:
 (a) Accident, suicide, or homicide (specify) no
 (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) (e) Means of injury _____
 23. Signature M F Sewell (M. D. or other) _____
 Address _____ Date signed 7-7-44

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.....

Licensed Embalmer No.....

P. O. Address.....

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.

Wm L Ward
3991
309 E 6
W. P. M.