

FILED AUG 9 1944

Registration District No. 149

Primary Registration District No. 1002

Registrar's No. ....

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: St. Joseph Hospital  
(If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution 3 days  
(Specify whether  
 In this community 51 years  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson 47  
 (c) City or town Kansas City  
(If outside city or town limits, write "RURAL")  
 (d) Street No. 5007 Norledge  
(If rural, give location)  
 (e) Citizen of foreign country? ..... (Yes or No)  
 If yes, name country.....

3. (a) PRINT FULL NAME MRS. ELIZABETH C NORTH

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 R. H. 6. (c) Age of husband or wife if alive 50 years  
 7. Birth date of deceased November 13, 1892  
(Month) (Day) (Year)

8. AGE: Years 51 Months 8 Days 13 If less than one day hr. min.

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

10. Usual occupation At Home

11. Industry or business

MOTHER FATHER { 12. Name Robert Thompson  
 13. Birthplace W. Virginia  
(City, town, or county) (State or foreign country)  
 14. Maiden name Elizabeth Bartel  
 15. Birthplace Montrose Missouri  
(City, town, or county) (State or foreign country)

16. (a) Informant E. C. North  
 (b) Address 5007 Norledge

17. (a) Burial (b) Date thereof 7-29-1944  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Mt. Calvary Cemetery

18. (a) Signature of funeral director W. H. Davis Co.  
 (b) Address 20 West Linwood Blvd.

19. (a) 7-28-44 (b) D. E. Brown  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 26  
 year 1944 hour 2 minute 30 A.M.

21. I hereby certify that I attended the deceased from July 22, 1944 to July 25, 1944  
 that I last saw her alive on July 25, 1944  
 and that death occurred on the date and hour stated above.

Immediate cause of death Bronchopneumonia 24 hrs.  
 Duration

Due to Bronchial Asthma 12 yrs.

Due to 107

Other conditions 107  
(Include pregnancy within 3 months of death)

Major findings:  
 Of operations .....  
 Of autopsy .....

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)  
 (e) Manner of injury.....

23. Signature Jesse W. Pringle M. D. or other MD  
 Address 1183 Grand Kanawha City Date signed 7-26-44

SEP 19 1944

**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. Deuric*

Licensed Embalmer No.....

*3774*

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.**