

FILED AUG 14 1944  
149

Registration District No. \_\_\_\_\_

Primary Registration District No. 1002

Registrar's No. 3217

1. PLACE OF DEATH:

(a) County... Jackson,  
Kansas City

(b) City or town  
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:  
St. Mary's Hospital 0  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution since 7-21-44  
since 1893 (Specify whether years, months or days)

3. (a) PRINT FULL NAME Mrs. Matilda Speaks

3. (b) If veteran, name war no. 3. (c) Social Security No. N.O.

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Widowed,  
y

6. (b) Name of husband or wife Unknown, 6. (c) Age of husband or wife if alive X years

7. Birth date of deceased June 7 1856  
(Month) (Day) (Year)

8. AGE: Years 88 Months 1 Days 27 1/2 hr. min.

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

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

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

12. Name Westfield Overfield

13. Birthplace West Virginia  
(City, town, or county) (State or foreign country)

14. Maiden name Unknown,  
15. Birthplace unknown, 9  
(City, town, or county) (State or foreign country)

16. (a) Informant Nell Speaks-Adamson

(b) Address 210 East 55th Ter., Kansas City, Mo.

17. (a) Removal (b) Date thereof 8-5-44  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Axtell, Kansas,  
Stine & McClure,

18. (a) Signature of funeral director (b) Address 3235 Gillham Plaza, Kansas City, Mo.

19. (a) 8-5-44 (b) D. C. Birton  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson, 49

(c) City or town Kansas City, 3  
(If outside city or town limits, write "RURAL")  
210 East 55th Terrace, 8  
(If rural, give location)

(d) Street No.

(e) Citizen of foreign country? no. (Yes or No)  
If yes, name country X 0

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 4th  
year 1944 hour 5:55 minute A. M.

21. I hereby certify that I attended the deceased from \_\_\_\_\_ 19\_\_\_\_  
that I last saw him alive on \_\_\_\_\_ 19\_\_\_\_  
and that death occurred on the date and hour stated above.

Immediate cause of death Epithelioma of left femur  
Fall on floor at home

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

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

Other cause of death \_\_\_\_\_  
(Include precursory 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) Accident 123

(b) Date of occurrence 7/21/44

(c) Where did injury occur? 210 E 55th Ter, Kew  
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?  
Home

While at work? no (Specify type of place) (e) Means of injury \_\_\_\_\_

23. Signature C. O. E. R. 3 (M.D. or other) \_\_\_\_\_  
Kans Date signed 8/5/44

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 E. M. Plank

Licensed Embalmer No. 1848

P. O. Address 71. 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.**