

FILED JUL 24 1944
Registration District No. 149

Primary Registration District No. 1002

Registrar's No.

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: K. C. General Hospital No. 1
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 4 mos., 26 days
(Specify whether years, months or days)

In this community 24 Years

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. 1905 Agnes
(If rural, give location)

(e) Citizen of foreign country? 0 (Yes or No)

If yes, name country _____

3. (a) PRINT FULL NAME Mary Edith Tranter

3. (b) If veteran, name war No

3. (c) Social Security No. No

4. Sex Female

5. Color or race White

6. (a) Single, widowed, married, divorced, Widow

6. (b) Name of husband or wife John Tranter

6. (c) Age of husband or wife if alive *** years

7. Birth date of deceased August 7th. 1868
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<u>75</u>	<u>11</u>	<u>2</u>	hr. _____ min.

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

10. Usual occupation At Home

11. Industry or business _____

MOTHER FATHER

12. Name Charles Buffington

13. Birthplace No Record
(City, town, or county) (State or foreign country)

14. Maiden name Emaline Canfield

15. Birthplace Indiana
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. E.M. Eslinger

(b) Address Louisburg, Kansas

17. (a) Burial (b) Date thereof 7-11-1944
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Highland Park, Kansas City, Mo.

18. (a) Signature of funeral director Mrs. C.L. Forster

(b) Address Kansas City, Missouri

19. (a) 7-11-44 (b) R. E. Brown
(Date received from registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 9
year 1944 hour 1 minute 15 A.M.

21. I hereby certify that I attended the deceased from February 13, 1944 to July 9, 1944; that I last saw her alive on July 9, 1944; and that death occurred on the date and hour stated above.

Immediate cause of death Ca. of the Vulva

Due to _____

Due to 49 d.

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

Major findings: Of operations _____

Of autopsy _____

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? A-E Upsher (Specify type of place) _____
(M. D. or other)

23. Signature A-E Upsher (M. D. or other) _____
Address Med. Dir. Gen'l Hosp. Date signed 7-10-44

Duration _____

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

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 Wm H. Jackson

Licensed Embalmer No. 3954

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.