

FILED OCT 9 1944
Registration District No.

Primary Registration District No. 1002

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:
914 Forest
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution none
(Specify whether
In this community Lifetime
years, months or days)

3. (a) PRINT FULL NAME Elsie C. McGuire

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 McGuire 6. (c) Age of husband or wife if alive 58 years
7. Birth date of deceased Jan. 17 1886
(Month) (Day) (Year)

8. AGE: Years 58 Months 8 Days 8 If less than one day
hr. min.

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

10. Usual occupation Housewife

11. Industry or business At home

12. Name Karl Frank Schmidt
13. Birthplace no record Germany
(City, town, or county) (State or foreign country)
14. Maiden name Charlotte Stucseeker
15. Birthplace no record Germany
(City, town, or county) (State or foreign country)

16. (a) Informant Albert McGuire
(b) Address 914 Forest
17. (a) burial (b) Date thereof 9/27/44
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Forest Hill Cem.

18. (a) Signature of funeral director States Funeral Home
(b) Address 1901 Olive Blvd.
19. (a) 9-26-44 (b) D. E. Brown
(Date received local registrar) (Registrar's signature)

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. 914 Forest
(If rural, give location)
(e) Citizen of foreign country? (Yes or No) no
If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept. day 25
year 1944 hour 4.05 minute 0, M.

21. I hereby certify that I attended the deceased from June 6, 1944, to Sept 25, 1944
that I last saw her alive on Sept 25, 1944
and that death occurred on the date and hour stated above.

Immediate cause of death Pulmonary Edema Duration 3 hrs
Due to Carcinoma of L. Breast 24 mos.

Other conditions (Include pregnancy within 3 months of death) 50

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? _____
(Specify type of place) (e) Means of injury _____
While at work? _____
23. Signature A. E. Vance (M.D. or other) P.O. J
Address 616 Chancellors B. Date signed 9/26/44

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.....

W. J. Ward

Licensed Embalmer No.

3991

P. O. Address.....

309 E 67

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.)

W. J. Ward

If this body is not embalmed, fact should be so stated above.