

**FILED NOV 14 1944**

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 4416

1. PLACE OF DEATH:  
 (a) County Jackson Co  
 (b) City or town Kansas City  
 (If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution:  
423 W 33rd  
 (If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution. 1  
 In this community 18 mo. (Specify whether years, months or days)

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. 423 W 33rd  
 (If rural, give location)  
 (e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
 If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME Jencie Lee Klingfelter  
 3. (b) If veteran, name war no. 3. (c) Social Security No. no.

MEDICAL CERTIFICATION  
 20. DATE OF DEATH: Month 11 day 2  
 year 44 hour 3:40 minute 0 M.  
 21. I hereby certify that I attended the deceased from 7/19 1944 to 11/2 1944  
 that I last saw her alive on 10/25 1944  
 and that death occurred on the date and hour stated above.

4. Sex Female 5. Color of hair White 6. (a) Single, widowed, married, divorced Married  
 6. (b) Name of husband or wife Waynard O. Klingfelter 6. (c) Age of husband or wife if alive unk. years  
 7. Birth date of deceased 12-20-1897  
 (Month) (Day) (Year)

Immediate cause of death Carcinomatosis  
 Due to Carcinoma of Breast  
 Duration Probably a year

8. AGE: Years 46 Months 10 Days 12 If less than one day hr. \_\_\_\_\_ min. \_\_\_\_\_

Due to \_\_\_\_\_  
 Other conditions (Include pregnancy within 3 months of death) 480

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

PHYSICIAN  
 Major findings: \_\_\_\_\_  
 Of operations \_\_\_\_\_  
 Of autopsy \_\_\_\_\_  
 Underline the cause to which death should be charged statistically.

10. Usual occupation Housewife  
 11. Industry or business \_\_\_\_\_  
 12. Name Charles Edward Moore  
 13. Birthplace Michigan (City, town, or county) (State or foreign country)  
 14. Maiden name May E. King  
 15. Birthplace Ohio (City, town, or county) (State or foreign country)

16. (a) Informant Mrs. C. N. Chadwick  
 (b) Address 423 W 33rd  
 17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 11-2-44 (Month) (Day) (Year)  
 (c) Place: burial or cremation Graveyard Kansas  
 18. (c) Signature of funeral director W. O. King  
 (b) Address W. O. King  
 19. (a) 11-2-44 (Date received local referral) (b) W. O. King (Registrar's signature)

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) Means of injury \_\_\_\_\_  
 23. Signature W. O. King (M. D. or other) \_\_\_\_\_  
 Address 1103 Grand Ave Date signed 11/2/44

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

*George M. Malloy*

Licensed Embalmer No. *2798*

P. O. Address

*R. C. Ramon*

**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.**