

U.S. No. 2
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Rev. 5-17-39
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37968

State File No. _____

FILED DEC 12 1944

Registration District No. 17

Primary Registration District No. 3026

Registrar's No. 289

1. PLACE OF DEATH: JACKSON

(a) County JACKSON

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

(c) Name of hospital or institution: INDEPENDENCE SANITARIUM
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 1
In this community 43 YEARS. (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County JACKSON 48

(c) City or town KANSAS CITY 3
(If outside city or town limits, write "RURAL")

(d) Street No. 9601 VAN HORN ROAD. 9
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

3. (a) MRS. FULL NAME: BERTHA EVELYN PAUL

3. (b) If veteran, NO name war _____

3. (c) Social Security No. NONE

4. Sex FEMALE 5. Color WHITE 6. (a) Single, widowed, married, divorced MARRIED

6. (b) Name of husband or wife: BURT F. PAUL 6. (c) Age of husband or wife if alive 67 years

7. Birth date of deceased: NOV. 27 1877
(Month) (Day) (Year)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month NOV day 16
year 1944 hour 10 minute 46 P. M.

21. I hereby certify that I attended the deceased from Oct. 16, 1944 to Nov. 16, 1944
that I last saw her alive on Nov. 16, 1944
and that death occurred on the date and hour stated above.

Immediate cause of death: Diabetic Gangrene
Due to: Diabetes Mellitus
Other conditions: GI

Due to	Duration
Diabetes Mellitus	Several weeks
Diabetes Mellitus	Years

8. AGE: Years 66 Months 11 Days 19
If less than one day hr. min.

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

10. Usual occupation: HOUSEWIFE

11. Industry or business: _____

12. Name: CHARLES COOLEY

13. Birthplace: OHIO (City, town, or county) (State or foreign country)

14. Maiden name: INGRAM

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

Major findings: Of operations: Rt. leg amputation above knee 10/26/44 (10/21)

Of autopsy: none

PHYSICIAN: _____
Underline the cause to which death should be charged statistically.

16. (a) Informant: MR. BURT F. PAUL
(b) Address: 9601 VAN HORN ROAD

17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof: NOV. 18 1944
(City or town) (County) (State) (Year)

(c) Place: burial or cremation: KANSAS CITY MISSOURI

18. (a) Signature of funeral director: D. H. Newsom
(b) Address: 1401 BRUSH CREEK BLDG. KCMO

19. (a) 11-17-44 (Date received local registrar)
(b) [Signature] (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) (a) Means of injury _____

23. Signature: Chas. Grabske M.D. other _____
Address: Independence, Mo. Date signed: 11/17/44

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

48
4
4

11/17/44

SUN 26 1945

1st National Bank Bldg. St. Louis, Mo

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 Emile M. Calhoun

Licensed Embalmer No. 3506

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.