

FILED DEC 22 1944

Registration District No. 1949

Primary Registration District No. 1002

Registrar's No. 5019

1. PLACE OF DEATH:

(a) County Jackson
(b) City or town Kansas City Mo
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
2920 Olive
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 2 yrs (Specify whether
In this community 2 yrs /
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Jackson 4?
(c) City or town Kaw 3
(If outside city or town limits, write "RURAL")
(d) Street No. 2920 Olive Street 2
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country D

3. (a) PRINT FULL NAME Ida Austin

3. (b) If veteran, name war No 3. (c) Social Security No. None

4. Sex Fe 5. Color or race Wh. 6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife unk 6. (c) Age of husband or wife if alive years
7. Birth date of deceased May 22 1867
(Month) (Day) (Year)

8. AGE: Years 77 Months 6 Days 15 If less than one day hr. min.

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

10. Usual occupation Housewife

11. Industry or business

MOTHER FATHER { 12. Name Nowels Shaw
13. Birthplace Ind. (City, town, or county) (State or foreign country)
14. Maiden name Fannie LaCroix
15. Birthplace Canada (City, town, or county) (State or foreign country)

16. (a) Informant Roy Wilson

(b) Address Paola Kansas

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 12-8 44 (Month) (Day) (Year)

(c) Place: burial or cremation Paola Kansas

18. (a) Signature of funeral director Edwin Roe

(b) Address 7406 Wonnall Rd

19. (a) 12-12-44 (Date received local registrar) (b) T. E. Brown (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 7th year 1944 hour 12:20 minute P. M.

21. I hereby certify that I attended the deceased from Dec 1st 1944 to Dec 7th 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 Coronary Thrombus Duration years
Due to Nephritis & Diabetes
Due to

Other conditions Nephritis Chronic
(Include pregnancy 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)
(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) (c) Means of injury

23. Signature Geo. F. Clark (M.D. or other)
Address 408 E. W. 25 St Date signed 12-8-44

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

74-8650

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 *Harold Roe*

Licensed Embalmer No. 2810

P. O. Address *Princeton City, N.C.*

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.