

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

(c) Name of hospital or institution:
Willows Hospital-2929 Main St
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution. 14 days-19 hrs -50 min
(Specify whether years, months or days)

In this community same

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson

(c) City or town Kansas City Mo
(If outside city or town limits, write "RURAL")

(d) Street No. 2929 Main St
(If rural, give location)

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

If yes, name country _____

3. (a) PRINT FULL NAME Fay Prather

3. (b) If veteran, name war no

3. (c) Social Security No. none

4. Sex female 5. Color or race white 6. (a) Single, widowed, married, divorced single none

6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased Dec 14 1944
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
14 19 hr. 50 min.

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

10. Usual occupation infant

11. Industry or business X

12. Name _____

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

14. Maiden name Lottie Prather

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

16. (a) Informant A. J. Dysart R.N.

(b) Address 2929 Main St

17. (a) Burial (b) Date thereof Jan 2nd 1945
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Green Lawn Cemetery

18. (a) Signature of funeral director Eylar Funeral Home

(b) Address Kansas City Missouri

19. (a) 12-30-44 (b) L. E. Brown (U.S.)
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec 28 day 1944
year _____ hour 9:20 P minute _____ M.

21. I hereby certify that I attended the deceased from Dec 14 1944, 19 _____, to Dec 28 1944, 19 _____; that I last saw her her alive on Dec 28 1944, 19 _____; and that death occurred on the date and hour stated above.

Immediate cause of death Congenital Obstruction of bile duct.

Due to _____

Due to _____ 1579

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

Major findings:
Of operations _____

Of autopsy _____

Duration

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)

While at work? _____ (e) Means of injury _____

23. Signature H L Dwyer (M. D. or other) _____

Address 315 Alameda Rd Date signed 12-28-44

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

MOTHER FATHER

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate ^{not} ~~was~~ embalmed by me, or by.....
....., Registered Apprentice No.....
working under my personal supervision.

Signed Chas E. Wilks

Licensed Embalmer No. 2644

P. O. Address Kansas City 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.