

FILED JAN 26 1945

Registration District No. 149

Primary Registration District No. 1002

Registrar's No. 87

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: General Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 10 Days
(Specify whether years, months or days)

In this community 22 years

3. (a) PRINT FULL NAME MARY ELLA JOSLIN

3. (b) If veteran, name war No

3. (c) Social Security No. None

4. Sex Fe. 5. Color or race White

6. (a) Single, widowed, married, divorced Widow

6. (b) Name of husband or wife Edwin

6. (c) Age of husband or wife if alive - years

7. Birth date of deceased August 11, 1864
(Month) (Day) (Year)

8. AGE: Years 80 Months 4 Days 25 If less than one day hr. min.

9. Birthplace Benton County Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Homemaker

11. Industry or business None

12. Name William Sanford

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

14. Maiden name Unknown Mathews

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

16. (a) Informant Mr. Robert Smith

(b) Address 475 Wallace

17. (a) Burial (b) Date thereof 1/8/45
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Green Lawn Cemetery

18. (a) Signature of funeral director C. H. Blackman & Sons

(b) Address Kansas City, Mo.

19. (a) 1-8-45 (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. 922 Cambridge
(If rural, give location)

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan. day 6
year 1945 hour 4 minute 20 P. M.

21. I hereby certify that I attended the deceased from _____ to _____
that I last saw him at home alive on _____, 19____
and that death occurred on the date and hour stated above.

Immediate cause of death: Broncho-pneumonia

Due to Fractured left hip

Due to _____

Other conditions 1860's
(Include pregnancy within 3 months of death)

Major findings: History & Inspection

Of operations _____

Of autopsy no

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) accident 123

(b) Date of occurrence 12-26-44

(c) Where did injury occur? 922 Cambridge, Jackson, Mo.
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?
about home

23. Signature Jessie Walker (M. D. or other) Coroner

Address 1424 Jefferson Ave Date signed 1-7-45

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.....

Licensed Embalmer No.....

P. O. Address.....

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.