

FILED JAN 26 1945

Registration District No.

149

Primary Registration District No.

1002

92

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:  
4238 CHARLOTTE STREET /  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether  
In this community 20 YEARS years, months or days)

3. (a) PRINT FULL NAME MISS MARY JANE PARADISE

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

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

7. Birth date of deceased APRIL 13 1862  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
82 8 23 hr. min.

9. Birthplace CLAY COUNTY MISSOURI  
(City, town, or county) (State or foreign country)

10. Usual occupation AT HOME

11. Industry or business \_\_\_\_\_

MOTHER FATHER

12. Name ISAAC PARADISE

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

14. Maiden name MARY SHEPARD

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

16. (a) Informant MRS MAUDE MARIE RUTLEDGE

(b) Address 4238 CHARLOTTE STREET

17. (a) BURIAL (b) Date thereof JAN 9 1945  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation WOODLAWN, INDEP, MO.

18. (a) Signature of funeral director W. H. Newcomb

(b) Address 1401 BRUSH GREEN BLYD

19. (a) 1-8-45 (b) W. 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. 4238 CHARLOTTE STREET  
(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<sup>TH</sup>  
year 1945 hour 7 minute 10 A.M.

21. I hereby certify that I attended the deceased from Jan 2 1945 to Jan 6 1945  
that I last saw her alive on Jan 6 1945  
and that death occurred on the date and hour stated above.

Immediate cause of death \_\_\_\_\_ Duration \_\_\_\_\_

Uremia 30 days

Due to Chronic Nephritis 10 yrs

Due to Arterio Sclerosis 15 yrs

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

Major findings: Of operations no 3/8

Of autopsy no

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) (e) Means of injury \_\_\_\_\_

23. Signed W. E. Brown M.D. or other \_\_\_\_\_  
4000 Baltimore - CT 26-45

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

4000. Baltimore

**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 C Oscar Hothey

Licensed Embalmer No. 1767

P. O. Address Kansas City

**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.**