

FILED FEB 14 1945

Registration District No. 149

Primary Registration District No. 1002

Registrar's No. 555

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

1. PLACE OF DEATH:

(a) County Jackson
(b) City or town Kansas City Missouri
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
1917 East 36th Street
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 40 Years (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson
(c) City or town Kansas City Missouri
(If outside city or town limits, write "RURAL")
(d) Street No. 1917 East 36th Street
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Mrs Belle Waugh

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

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife William C. Waugh 6. (c) Age of husband or wife if alive — — years
7. Birth date of deceased August 19th 1856
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>88</u>	<u>5</u>	<u>14</u>	hr. _____ min.

9. Birthplace St Charles Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business At Home

12. Name William Facto
13. Birthplace Unknown France 6
(City, town, or county) (State or foreign country)
14. Maiden name Margaret Teabeau
15. Birthplace Unknown France 5
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs S. I. Reed
(b) Address 1917 East 36th Street

17. (a) Burial (b) Date thereof 2-5-45
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Highland Park K.C.K.S

18. (a) Signature of funeral director Melody McGilley

(b) Address Kansas City Missouri

19. (a) 2-3-45 (b) P. G. Brown (03)
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month February day 3rd
year 1945 hour 1:30 minute _____ A. M.

21. I hereby certify that I attended the deceased from Jan 1, 1945 to Feb 3, 1945
that I last saw her alive on Feb 3, 1945 and that death occurred on the day and hour stated above.

Immediate cause of death Chromosome - Myocardial infarction Duration 5 yrs

Due to Arteriosclerosis

Due to _____
Other conditions (include pregnancy within 3 months of death) no

Major findings: Of operations no 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 injury) _____
While at work? _____ (e) Means of injury _____

23. Signature Dr. P. G. Brown (Date) 2-3-45
Address 4000 Bellvue

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..... 2999
P. O. Address..... KC

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.