

**FILED MAR 7 1945**  
199

Registration District No. \_\_\_\_\_

Primary Registration District No. 1002

Registrar's No. 831

1. PLACE OF DEATH: Jackson,

(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: 4016 Charlotte  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 52 years (Specify whether years, months or days)

In this community \_\_\_\_\_

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. 4016 Charlotte  
(If rural, give location)

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

If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME Mrs. Cora B. Eggleston

3. (b) If veteran, name war no.

3. (c) Social Security No. no.

4. Sex Female 5. Color or race White

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

6. (b) Name of husband or wife J. G. Eggleston

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

7. Birth date of deceased: September 28 1860  
(Month) (Day) (Year)

8. AGE: Years 84 Months 4 Days 20  
32 hr. \_\_\_\_\_ min.

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

10. Usual occupation at home,

11. Industry or business X

12. Name L. C. Gibbons

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

14. Maiden name Lovena Finney (City, town, or county) (State or foreign country)

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

16. (a) Informant J. G. Eggleston,

(b) Address 4016 Charlotte, Kansas City, Mo.

17. (a) Burial (b) Date thereof 2-22-45  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Cleveland, Missouri

18. (a) Signature of funeral director Stine & McClure,

(b) Address 3235 Gillham Plaza, Kansas City, Mo.

19. (a) 2-20-45 (b) P. E. Brown  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month February day 20th

year 1945 hour 5:20 minute 1 A. M.

21. I hereby certify that I attended the deceased from Feb 14, 1945, to 2-20-45, 1945.

that I last saw h. or alive on 2-19-45, 1945.

and that death occurred on the date and hour stated above.

Immediate cause of death: Carcinoma (squamous cell) of the tongue

Duration 1 yr

Due to \_\_\_\_\_

Due to \_\_\_\_\_

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

23. Signature John A. Wheeler (M. D. or dentist)

Address 1704 Maple St Date signed 2-20-45

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

MOTHER FATHER

*Prof. Bledg.*  
*P.M.*

Dr. John H. Wheeler

**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 *Robert N Reed*  
Licensed Embalmer No. *3745*  
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.**