

FILED JUN 4 1945

Registration District No. 149

Primary Registration District No. 1002

Registrar's No. 2238

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: **Gen. Hosp. #2**  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution **7-25-44-5-18-45**  
(Specify whether years, months or days)

In this community **30478.**

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. **2327 Prospect**  
(If rural, give location)

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

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

3. (a) PRINT FULL NAME **ROSELLA DURANT**

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

3. (c) Social Security No. **710**

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **May** day **18**  
year **1945** hour **3:50** minute **P** M.

4. Sex **Female**

5. Color or race **Negro**

6. (a) Single, widowed, married, divorced **Divorced**

6. (b) Name of husband or wife **Benjamin Durant**

6. (c) Age of husband or wife if alive **deceased** years **1893**

7. Birth date of deceased **March 15**  
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from **July 25**, 19**44**, to **May 18**, 19**45**  
that I last saw h. **er** alive on **May 18**, 19**45**  
and that death occurred on the date and hour stated above.

Immediate cause of death **Garcinemia**

Duration \_\_\_\_\_

8. AGE: Years **52** Months **2** Days **3**  
If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

Due to **Adenocarcinoma of Uterus**

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

9. Birthplace **Begga Okla.**  
(City, town, or county) (State or foreign country)

10. Usual occupation **House work**

Other conditions **4-6-45**  
(Include pregnancy within 3 months of death)

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

12. Name **John Simms**

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

14. Maiden name **Lizzie Emanuel**

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

Major findings: Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

PHYSICIAN \_\_\_\_\_  
Underline the cause to which death should be charged statistically.

16. (a) Informant **Record Clerk.**

(b) Address **Gen. Hosp. #2**

17. (a) **Burial** (b) Date thereof **May 20 45**  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Blue Ridge Lawn**

18. (a) Signature of funeral director **Adkins Bros.**

(b) Address **2000 E. 12th R.C. Mo**

19. (a) **5-23-45** (b) **Seraldine Holmes**  
(Date received local registrar) (Registrar's signature)

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? \_\_\_\_\_  
(Specify type of place) (Means of injury)

23. Signature **S. C. Durant** (M. D. or other) \_\_\_\_\_  
Address **Gen. Hosp #2 - 600 E 22** Date signed **5-21-45**

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

8  
3  
8

**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 A. T. Mann

Licensed Embalmer No. 948

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.**