

FILED SEP 1, 1945
Registration District No.

Primary Registration District No. **1002**

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:
7215 Main
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution **NO.**
(Specify whether years, months or days)

In this community **35 years**
(Specify whether years, months or days)

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. **7215 Main Street**
(If rural, give location)

(e) Citizen of foreign country? **NO.** (Yes or No)
If yes, name country **X**

3. (a) PRINT FULL NAME **Mrs. Belle French**

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 **widowed?**

6. (b) Name of husband or wife **Charles E. French** 6. (c) Age of husband or wife if alive **dec. 12 1955**
(Month) (Day) (Year)

7. Birth date of deceased **December 12 1883**
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
81-02	8	2	hr. min.

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

10. Usual occupation **at home,**

11. Industry or business **X**

12. Name **Levi Hewitt**

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

14. Maiden name **unknown,**

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

16. (a) Informant **Leo E. French**

(b) Address **4209 Bellefontaine, K. C., Mo.**

17. (a) **Burial** (b) Date thereof **8-16-45**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Mt. Washington Cemetery**

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

(b) Address **3235 Gillham Place, K. C., Mo.**

19. (a) **8-15-45** (b) **Gertrudine Holmes**
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **August** day **14**
year **1945** hour **1:30** minute **A.** M.

I hereby certify that I attended the deceased from **July 14** to **Aug 13** 19**45**
that I last saw h. **er** alive on **Aug 13** 19**45**
and that death occurred on the date and hour stated above.

Immediate cause of death **Cerebral Hemorrhage 45 da**

Due to _____

Due to _____

Other conditions **8-5-45**
(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)

Means of injury _____

23. Signature **S. W. Fair** (M. D. or other **MD**)
Address **115 C. mo.** Date signed _____

Dr. S. W. Fair

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 H Reed*

Licensed Embalmer No. *3745*

P. O. Address..... *N C 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.