

FILED JAN 21 1946

State File No. _____

Registration District No. _____

Primary Registration District No. 1001

Registrar's No. 40

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:
4222 Wyoming
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
(Specify whether _____)
In this community 45 Years
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. 4222 Wyoming
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 1
year 1946 hour 12 minute 35 P. M.

21. I hereby certify that I attended the deceased from March
1945 to Jan 1, 1946
that I last saw h. er alive on July 10, 1945
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary occlusion
Duration 30 min

Due to _____

Due to _____

Other conditions (include pregnancy within 3 months of death) gva

Major findings: Of operations _____

Of autopsy _____

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? _____ (e) Manner of injury _____

23. Signature R.P. Stoddard (M. D. or other) _____
Address 1901 Olathe Blvd. Date signed 1-3-46

3. (a) PRINT FULL NAME Tessie Lorne Stoddard

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 Married

6. (b) Name of husband or wife R.W. Stoddard 6. (c) Age of husband or wife if alive 60 years

7. Birth date of deceased February 9 1880
(Month) (Day) (Year)

8. AGE: Years 65 Months 10 Days 22 If less than one day _____ hr. _____ min.

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

10. Usual occupation Housewife

11. Industry or business at home

12. Name Michael Mc Cabe

13. Birthplace Penn. 1
(City, town, or county) (State or foreign country)

14. Maiden name: Ann Brown

15. Birthplace Indiana 1
(City, town, or county) (State or foreign country)

16. (a) Informant R.W. Stoddard

(b) Address 4222 Wyoming

17. (a) burial (b) Date thereof 1-4-46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Elmwood Cemetery

18. (a) Signature of funeral director Gates Funeral Home

(b) Address 1901 Olathe Blvd.

19. (a) 1-4-46 (b) Geraldine Holmes
(Date received local registrar) (Registrar's signature)

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

1270

Dr. Stafford
VI 4425

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.....

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.