

Registration District No. **149** Primary Registration District No. **1002**

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: **RESEARCH HOSPITAL**
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution **3 DAYS**
(Specify whether years, months or days)

In this community **4 YEARS**

2. USUAL RESIDENCE OF DECEASED:

(a) State **KANSAS** (b) County **WYANDOTTE**

(c) City or town **KANSAS CITY KANSAS**
(If outside city or town limits, write "RURAL")

(d) Street No. **534 CENTRAL**
(If rural, give location)

(e) Citizen of foreign country? **YES** (Yes or No)
 If yes, name country **GREAT BRITAIN**

3. (a) PRINT FULL NAME **MARGARET JANE JAMES**

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

3. (c) Social Security No. **1707E**

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **MAY** day **5-TH**
 year **1946** hour _____ minute **P.M.**

21. I hereby certify that I attended the deceased from **may**
2, 1946, to **5-5**, 1946
 that I last saw her alive on **5-5**, 1946;
 and that death occurred on the date and hour stated above.

4. Sex **FEMALE** 5. Color or race **WHITE** 6. (a) Single, widowed, married, divorced **MARRIED**

6. (b) Name of husband or wife **BENJAMIN** 6. (c) Age of husband or wife if alive **64** years

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

Immediate cause of death
Cirrhosis liver
Septic shock
Sept pulmonary collapse
Hemorrhage

Due to _____

Due to _____

Other conditions
(Include pregnancy within 3 months of death)

| 8. AGE: | Years | Months | Days | If less than one day |
|---------|-----------|----------|-----------|----------------------|
| | 62 | 5 | 28 | hr. _____ min. _____ |

9. Birthplace **WALES, G. BR.**
(City, town, or county) (State or foreign country)

10. Usual occupation **HOUSEWIFE**

11. Industry or business **HOUSEWIFE**

12. Name **DAVID HENRY BRAY**

13. Birthplace **WALES** 4
(City, town, or county) (State or foreign country)

14. Maiden name **BENJAMIN**

15. Birthplace **WALES** 4
(City, town, or county) (State or foreign country)

Major findings: **exploratory laparotomy**

Of autopsy **12/15**

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

16. (a) Informant **MR. BENJAMIN J. JAMES**

(b) Address **534 CENTRAL, KANSAS CITY, KAS.**

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? _____

17. (a) **BURIAL** (b) Date thereof **MAY-9-1946**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **FOREST HILL CEMETERY**

18. (a) Signature of funeral director **D. H. Newsome's son**

(b) Address **1401 BRUSH CREEK BLVD.**

23. Signature **J. M. Montgomery** (M. D. or other) _____
 Address **Proffers Bldg** Date signed **5/16/46**

19. (a) **5-8-46** (b) **Geraldine Holmes**
(Date received local registrar) (Registrar's signature)

15589 - WRITE PLAINLY - USE UNFADING BLACK INK - MAKE A PERMANENT RECORD

MAY 6 1948

18331
2-4
Professional Embalmers Assn.

MAY 18 1948

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 Emile M. Calhoun
Licensed Embalmer No. 3506
P. O. Address Kemo

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.