

S. No. 2
DM-5-43
v. 5-17-39
I X38671

FILED MAY 29 1946
Registration District No. _____

Primary Registration District No. **1002**

WRITE PLAINLY—USE UNFADING 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:
1723 W. 29th St.
(If not in hospital or institution, write street number or location)

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

In this community **5 yrs.**

3. (a) PRINT FULL NAME **CECIL RANGLES**

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

3. (c) Social Security No. **None**

4. Sex **Female**

5. Color or race **Col.**

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

6. (b) Name of husband or wife **Edward**

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

7. Birth date of deceased **Sept. 26th 1902**
(Month) (Day) (Year)

| 8. AGE: | Years | Months | Days | If less than one day |
|---------|-----------|----------|-----------|----------------------|
| | 43 | 7 | 11 | _____ hr. _____ min. |

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

10. Usual occupation **Housework**

11. Industry or business **At Home**

12. Name **John Williams**

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

14. Maiden name **Bertha Scott**

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

16. (a) Informant **Hazel Williams**

(b) Address **418 Oakland K.C.K.**

17. (a) Removal **Removal** **(b) Date thereof** **5-13-46**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Westlawn Cem. K.C.K.**

18. (a) Signature of funeral director *[Signature]*

(b) Address **1520 N. 5th Street K.C.K.**

19. (a) **5-13-46** **(b)** *[Signature]*
(Date received local registrar) (Registrar's signature)

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. **1723 W. 29th St.**
(If rural, give location)

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

If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **May** day **7th**
year **1946** hour **6:** minute **50 P.** M.

21. I hereby certify that I attended the deceased from **46** to **5-7-46**
19_____ to 19_____

that I last saw **alive on** **5-7-46**
and that death occurred on the date and hour stated above.

Immediate cause of death **Subarachnoid hemorrhage**

Duration _____

Due to _____

Due to _____

Other condition **Arterial Hypertension**
(Include pregnancy within 3 months of death)

Major findings:
Of operations _____

Of autopsy **131a**

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 *[Signature]* **(b) Date signed** **5-10-46**
(City or town) (County) (State)

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 Clifford J Wood
.....
Licensed Embalmer No. 3106
.....
P. O. Address 8 325 Paralle

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.