

No. 2
M-5-43
7-5-17-39
I X28671

State File No. 23923
Registrar's No. 77

FILED AUG 7 1946
154

Registration District No. 154 Primary Registration District No. 5575

1. PLACE OF DEATH:

(a) County Jackson *(Rural)*

(b) City or town Kansas City *(Washington)*

(c) Name of hospital or institution:
8619 Holmes Street,
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution no. (Specify whether)

In this community all her life (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson 48

(c) City or town Kansas City - Rural
(If outside city or town limits, write "RURAL")

(d) Street No. 8619 Holmes 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. Mona Louise Cole

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 married

6. (b) Name of husband or wife Arthur H. Cole 6. (c) Age of husband or wife if alive 61 years

7. Birth date of deceased August 10 1888
(Month) (Day) (Year)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 20 year 1946 hour 8:20 minute A. M.

21. I hereby certify that I attended the deceased from July 21, 1946 July 20, 1946 that I last saw her alive on July 19, 1946 and that death occurred on the date and hour stated above.

8. AGE: Years Months Days If less than one day

57 11 10 hr. min.

Immediate cause of death

Due to " Embolized "

Due to _____

9. Birthplace Kansas City, Missouri 0
(City, town, or county) (State or foreign country)

10. Usual occupation at home,

Other conditions (Include pregnancy within 3 months of death)

11. Industry or business X

12. Name Edward B. Smythe

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

14. Maiden name Sally Morgan

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

PHYSICIAN

Major findings: 488

Of operations _____

Of autopsy _____

Underline the cause to which death should be charged statistically.

16. (a) Informant Arthur H. Hill

(b) Address 8619 Holmes St., Kansas City, Mo.

17. (a) burial (b) Date thereof 7-22-46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Forest Hill Cemetery

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? _____

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

(b) Address 3235 Gillham Plaza, K. C., Mo.

19. (a) July 20 1946 (b) Dr. Anne S. Hodges
(Date received local registrar) (Registrar's signature)

While at work? Yes (Specify type of place) (e) Means of injury _____

23. Signature [Signature] (M. D. or other) _____

Address 803 + Paper Date signed 7/20/46

July 23 - 1946 136 (Licensed Embalmer's Statement on Reverse Side)

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

MOTHER FATHER

Geo. H.

Dr. Jones

80 W. 7th St

Richman Mills

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. *K.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.