

No. 2
5-43
17-86
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State File No. 21-300
3666
Registrar's No.

FILED SEP 5 1946
149

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:
732 Campbell Avenue /
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____ (Specify whether _____)

In this community 1 Yr. & 6 Mo.
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson 48

(c) City or town Kansas City 3
(If outside city or town limits, write "RURAL")

(d) Street No. 732 Campbell F
(If rural, give location)

(e) Citizen of foreign country? no (Yes or No) 0

If yes, name country _____

3. (a) PRINT FULL NAME MARY REBECCA LOVE

3. (b) If veteran, name war None

3. (c) Social Security No. None

4. Sex Female 5. Color or race Colored

6. (a) Single, widowed, married, divorced Divorced

6. (b) Name of husband or wife Sam Love

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

7. Birth date of deceased May 10, 1917
(Month) (Day) (Year)

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

<u>29</u>	<u>3</u>	<u>10</u>	hr. _____ min.
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9. Birthplace Murfreesboro, Tennessee
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business _____

12. Name Sam Henderson

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

14. Maiden name Adele McCrosky

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

16. (a) Informant Sam Henderson

(b) Address 4006 Minnie

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Aug. 24, 1946
(Month) (Day) (Year)

(c) Place: burial or cremation Westlawn Cemetery

18. (a) Signature of funeral director Nathan Whitaker

(b) Address 1520 N. 5th Street

19. (a) 8-24-46 (Date received local registrar)

(b) D. Geraldine Holmes (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 20
year 1946 hour 6: minute 30 P.M.

21. I hereby certify that I attended the deceased from Dec 28-45
to Aug 20-46, 19____, to Aug 20-46, 19____;
that I last saw her alive on Aug 20-46, 19____;
and that death occurred on the date and hour stated above.

Immediate cause of death Sub-acute Bacterial Endocarditis Duration _____

Due to _____

Due to _____

Other conditions (Include pregnancy within 3 months of death) 9/2

Major findings: Of operations _____

Of autopsy Infarcts in Kidney and Liver

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? N.C.R.

While at work? _____ (Specify type of place)

(e) Means of injury _____

23. Signature Geo. W. Hodge (M. D. or other) _____

Address 1619 E. 12th St. Mo. Date signed 8/23/46

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

FATHER {
MOTHER {

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 *Nathan Whitcher*.....

Licensed Embalmer No. *2700*.....

P. O. Address *1520 N. 5th St.
K. O. K.*.....

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.