S. No. 2
M—2-43
. 5-17-39
I X35697

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED NOV 5 1946

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

33603

State File No.

Registration District No. 199

Primary Registration District No. 1002

Registrar's No. 4446

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: Lakeside Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 7 WKS (Specify whether

In this community Life
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Kansas (b) County Wy 999

(c) City or town Kansas City 14
(If outside city or town limits, write "RURAL")

(d) Street No. 2002 S. 2I
(If rural, give location)

(e) Citizen of foreign country? no. (Yes or No) 21

If yes, name country

3. (a) PRINT FULL NAME Mrs. Fannie Huff

3. (b) If veteran, name war NO

3. (c) Social Security No. NONE

4. Sex F

5. Color or race W

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

6. (b) Name of husband or wife J.N.Huff

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

7. Birth date of deceased Sept 2 1880
(Month) (Day) (Year)

8. AGE: Years 66 Months I Days I7 If less than one day ___ hr. ___ min.

9. Birthplace Berea Ky. 1
(City, town, or county) (State or foreign country)

10. Usual occupation None

11. Industry or business

FATHER
12. Name Benjamin Alan
13. Birthplace No Data 9
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Hannah Tankersley
15. Birthplace No Data 9
(City, town, or county) (State or foreign country)

16. (a) Informant J. N. Huff 1
(b) Address 2002 So. 21st K.C. Ks

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 10-22-46
(Month) (Day) (Year)

(c) Place: burial or cremation Maple Hill K.C.K.

18. (a) Signature of funeral director Simmons
(b) Address K C K

19. (a) 10-23-46 (Date received local registrar) (b) Geraldine Holmes (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month IO day I9
year 46 hour 7 minute 20 P M.

21. I hereby certify that I attended the deceased from Aug 20, 1946, to 10-19, 1946;
that I last saw her alive on 10-19, 1946;
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Passive Congestion	
Due to Carcinoma of right Kidney	Unknown
Due to Metastasis to	
Other conditions 11 & 12th Dorsal Vertebra (Include pregnancy within 3 months of death)	
Major findings: Of operations Recto-Vaginal fistula	7 days
Of autopsy Same	

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? (Specify type of place)

While at work? (e) Means of injury DO

23. Signature Harold W Bain (M. D. or other)

Address Kansas City Kansas 4150 Rainbow Date signed 10-20-46

(Licensed Embalmer's Statement on Reverse Side)

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 H Simmons

Licensed Embalmer No. ~~3903~~ 1396

P. O. Address KCK

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.