

S. No. 2
M-5-43
P. 5-17-39
X38671

State File No. _____

FILED SEP 21 1946
199

Registration District No. _____

Primary Registration District No. 1002

Registrar's No. 4258

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 29 days
(Specify whether years, months or days)

In this community 28 years

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. 4709 Grand
(If rural, give location)

(e) Citizen of foreign country? no (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Miss Laun Hurt

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

3. (c) Social Security No. none

4. Sex female 5. Color or race white

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

6. (b) Name of husband or wife _____

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

7. Birth date of deceased September 17 1900
(Month) (Day) (Year)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 7
year 1946 hour 11:30 minute P. M.

21. I hereby certify that I attended the deceased from July 24 1946 to Oct. 7 1946
that I last saw her alive on Oct. 7 1946
and that death occurred on the date and hour stated above.

8. AGE:

Years	Months	Days	If less than one day
<u>46</u>	<u>0</u>	<u>20</u>	hr. _____ min.

Immediate cause of death Acute Biliary Obstruction

Due to _____

Due to _____

Other conditions (Include pregnancy within 3 months of death) 1248

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

10. Usual occupation Secretary

11. Industry or business X

MOTHER, FATHER {

12. Name unknown

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

14. Maiden name Minnie Agee

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

16. (a) Informant Mrs. George H. Lohman
(b) Address 4709 Grand, Kansas City, Mo.

17. (a) burial (b) Date thereof 10-11-46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Forest Hill Cemetery

18. (a) Signature of funeral director Stine & McClure
(b) Address 3235 Gillham Plaza, K. C., Mo.

19. (a) 10-9-46 (b) Heraldine Holman
(Date received local registrar) (Registrar's signature)

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

Major findings: Of operations _____

Of autopsy _____

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 Harold A. Peltz (M. D. or other) MD
Address 1632 Prof. Bldg. Date signed 10/14/46

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

Dr. Harold Pallett

Prof Building

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..... *11C 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.