

FILED JAN 7 1947

Registration District No. _____

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:
Aunt Mae's Nursing Home 2800 E 10th
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 2 yrs
(Specify whether years, months or days)
In this community 2 yrs

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Cass
(c) City or town Belton
(If outside city or town limits, write "RURAL")
(d) Street No. none
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME

MARY ANN HUGGINS

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, Widowed
6. (b) Name of husband or wife George Franklin Huggins 6. (c) Age of husband or wife if alive 24 years
7. Birth date of deceased Oct. 24, 1859
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>87</u>	<u>1</u>	<u>26</u>	hr. _____ min.

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

10. Usual occupation Housewife

11. Industry or business Own Home

12. Name James Browning

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

14. Maiden name Mariah Dunkin

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

16. (a) Informant Willard Huggins

(b) Address Belton, Mo.

17. (a) Burial (b) Date thereof 10/23/'46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Belton, Mo. Cem.

18. (a) Signature of funeral director E. K. Sengerson

(b) Address Belton, Mo.

19. (a) 12-22-46 (b) Sheraldine Holmes
(Data received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 20th
year 1946 hour 12 noon minute _____ M.

21. I hereby certify that I attended the deceased from Oct. 1940 to Dec 21, 1946

that I last saw him alive on _____, 19____; and that death occurred on the date and hour stated above.

Immediate cause of death: Right Lobe Pneumonia

Due to Senile

Due to _____

Other conditions: 108
(Include pregnancy within 3 months of death)

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 _____

Signature James T. Sengerson (M. D. or other) MS
Address 410 Bryant Blvd Date signed 12/29/46

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

James P. Ferguson
Bryant Bldg.
1400 Linwood
Tel Linwood 8100

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..... *Richard E. Deane*

Licensed Embalmer No. *3958*

P. O. Address..... *Bellton, 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.