

7. S. No. 2
 ROOM-5-43
 Rev. 5-17-39
 I X36671

FILED JUN 23 1947

Registration District No. **197**

Primary Registration District No. **1002**

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

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:
3674 Belleview Zvenue
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution _____ (Specify whether _____)
 In this community **57 Years**
years, months or days

3. (a) PRINT FULL NAME **MRS. FRANCES A. HERVEY**
 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 **William C. Hervey**
 6. (c) Age of husband or wife if alive _____ years
 7. Birth date of deceased **September 15th, 1856**
(Month) (Day) (Year)

8. AGE: Years **90 1/2** Months **8** Days **22**
 If less than one day _____ hr. _____ min.

9. Birthplace **Indianapolis Indiana**
(City, town, or county) (State or foreign country)

10. Usual occupation **At Home**

11. Industry or business _____

MOTHER, FATHER { 12. Name **Patrick Kelley**
 13. Birthplace **Pittsburg Pennsylvania**
(City, town, or county) (State or foreign country)
 14. Maiden name **Margaret Ross**
 15. Birthplace **Indianapolis Indiana**
(City, town, or county) (State or foreign country)

16. (a) Informant **Mr. W. C. Hervey**
 (b) Address **3674 Belleview Avenue**

17. (a) **Cremation** (b) Date thereof **6 - 9 - 1947**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Elmwood Crematory**

18. (a) Signature of funeral director **Freeman Mortuary & Chapel**
 (b) Address **104 West 42nd, St. Kansas City, Mo.**

19. (a) **6-9-47** (b) **Geraldine Holmes**
(Date received local registrar) (Registrar's signature)

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. **3674 Belleview Avenue 8**
(If rural, give location)
 (e) Citizen of foreign country? **No** (Yes or No)
 If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **June** day **6th.**
 year **1947** hour **1:00** minute **0** M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;
 that I last saw him alive on _____, 19____;
 and that death occurred on the date and hour stated above.

Immediate cause of death **Coronary Insufficiency**
 Due to **arteriosclerosis**

Due to _____
 Other conditions _____
(Include pregnancy within 3 months of death)

Major findings: Of operations _____
 Of autopsy **no history of angina**

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 **3**
 23. Signature **J. W. ...** (M. D. or other) _____
 Address **1824 1/2 N. ...** Date signed **6-9-47**

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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 *Walter H. Erwin*.....

Licensed Embalmer No. *4352*.....

P. O. Address *Kansas City, 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.