

FILED JUN 23 1947

Registration District No. 117

Primary Registration District No. 1002

Registrar's No. 2514

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: Krestwood Convelesant Home 4
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 7 months
In this community 25 years (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson 44
(c) City or town Kansas City
(If outside city or town limits, write "RURAL")
(d) Street No. 1620 Central
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country X

3. (a) PRINT FULL NAME GORA BELL MCDANIEL

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 Widow 2
6. (b) Name of husband or wife Labe McDaniel (Deceased) 6. (c) Age of husband or wife if alive years
7. Birth date of deceased March 24 1883
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
64 2 14 hr. min.

9. Place Illinois (City, town, or county) (State or foreign country)

10. Usual occupation Home

11. Industry or business X

12. Name Unknown Shaw 9
Birthplace Unknown (City, town, or county) (State or foreign country)

13. Maiden name Unknown 9
Birthplace Unknown (City, town, or county) (State or foreign country)

16. Informant Mrs. Leota V. Pope
Address 1620 Central K. C. Mo

17. (a) Burial (b) Date thereof June 11, 1947
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Woodlawn Cemetery, Delap. Mo.

18. (a) Signature of funeral director Wilks Funeral Home
(b) Address 2315 Linwood K. C. 3 Mo

19. (a) 6-9-47 (b) Thaladine Adams
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 8
year 1947 hour 5 minute P M.

21. I hereby certify that I attended the deceased from May 1, 1947 to June 8, 1947
that I last saw her alive on June 8, 1947
and that death occurred on the date and hour stated above.

Immediate cause of death Pneumonia, bronchial, bilateral Duration 24 hrs
Due to Hemiplegia, left 2 yrs
Due to Arterio-sclerotic heart disease several years
Other conditions none
(Include pregnancy within 3 months of death)

Major findings: Of operations 93.2
Of autopsy no
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?
While at work? ----- (Specify type of place) (e) Means of injury -----

23. Signature Frederick E. Wade (M. D. or other) MD
Address 306 E. 12th K. C. Mo. Date signed June 2, 1947

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

MOTHER FATHER

Haldene S. Tatta

F. H. Wade
Argyle Building
Ha 8242

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 Chas. P. Weeks

Licensed Embalmer No. 2644

P. O. Address. 19 E. 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.

THE STATE BOARD OF HEALTH OF MISSOURI
BUREAU OF VITAL STATISTICS

State of

Mo.

State File No.

County of

Jackson } ss.

AFFIDAVIT FOR CORRECTION OF A RECORD

Local Registrar's No. *2514*

On this *19th* day of *August*, 19*47*, before me appears

Norothy Houston, who, upon *her* oath, states that the original record of ~~birth~~
for *Cora Bell McDaniel* ^{died} ~~was~~ *June 8*, 19*47*, in the State of
Missouri, and which was filed at *K.C., Mo.* on *6-9*, 19*47*, should be corrected as follows:

Item No. *16(a)* should read *Mrs. Lesta B. Pope*

Instead of " " *V. Pope*

Item No. *6(b)* should read *Lafe McDaniel*

Instead of " " *Labe "*

Item No. should read

Instead of

Item No. should read

Instead of

Item No. should read

Instead of

Item No. should read

Instead of

Item No. should read

Instead of

Item No. should read

Instead of

The above is true to the best of my knowledge, information and belief.

(SEAL) Affiant *Norothy Houston* *Granddaughter*
Relationship.

704 W. 17th - City
Present Address.

Subscribed and sworn to before me this *19th* day of *August*, 19*47*.

My Commission expires *Oct. 20, 1947* *Barrie M. Ruppelius* Notary Public.

Affidavits containing erasures will not be accepted; draw one line through error and write above it.

5-21060