

FILED AUG 13 1947

Registration District No. 147 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:
3215 Campbell St. Mary's Rest Home
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 1 week
(Specify whether years, months or days)

In this community 7 Months

2. USUAL RESIDENCE OF DECEASED:

(a) State Kansas (b) County Wyandotte

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

(d) Street No. 2931 North 30th St.
(If rural, give location)

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

3. (a) PRINT FULL NAME Jessie Zook

3. (b) If veteran, name war none

3. (c) Social Security No. none

4. Sex Female 5. Color or race White

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

6. (b) Name of husband or wife Unknown

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

7. Birth date of deceased: July 25 1865
(Month) (Day) (Year)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 30 year 1947 hour 9 minute 10 P. M.

21. I hereby certify that I attended the deceased from July 8, 1947, to July 30, 1947, that I last saw her alive on July 30, 1947, and that death occurred on the date and hour stated above.

8. AGE:	Years	Months	Days	If less than one day
	<u>82</u>	<u>0</u>	<u>5</u>	hr. _____ min. _____

Immediate cause of death Acute Pulmonary Edema

Duration _____

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

Due to Myocardial Decompensation

Due to Hyperplasia

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

10. Usual occupation Housewife

Due to Senility

11. Industry or business _____

Major findings: 93rd

Of operations _____

Of autopsy _____

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

MOTHER, FATHER

12. Name Eli McAlexander

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

14. Maiden name Caroline Tucker

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

16. (a) Informant Anna B. Slavin

(b) Address Kansas City Kansas

17. (a) removal (b) Date thereof 8-2-47
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St. James, Missouri

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? _____

18. (a) Signature of funeral director J. A. Dutton

(b) Address Kansas City Kansas

While at work? _____ (Specify type of place)

(c) Means of injury L

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

Address 4150 Rainbow Blvd. Date signed 7/31/47

19. (a) 8-1-47 (b) Geraldine Holme
(Date received local registrar) (Registrar's signature)

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

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: *M. J. Sweeder*

Licensed Embalmer No. *3505*

P. O. Address *K. C. Kansas*

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.