

S. No. 2
1-12-45
7-5-17-39
901 X47070

FILED AUG 26 1947

Registration District No. **360**

Primary Registration District No. **6225**

Registrar's No. **142**

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

1. PLACE OF DEATH: Vernon
 (a) County Rural, Washburn
 (b) City or town Rural, Washburn
 (c) Name of hospital or institution: State Hosp. No 3.
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 7th 1 mo 2 da
 In this community Same time
 years, months or days

2. USUAL RESIDENCE OF DECEASED:
 (a) State Missouri (b) County Jackson
 (c) City or town Kansas City
 (d) Street No. 710 West 74th Street
 (e) Citizen of foreign country? No (Yes or No)
 If yes, name country _____

3. (a) PRINT FULL NAME Florence Hiddleston

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Single
 6. (b) Name of husband or wife None 6. (c) Age of husband or wife if alive _____ years
 7. Birth date of deceased Sept. 2 - 1886.
 (Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
60 10 15 _____ hr. _____ min.

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

10. Usual occupation Saleslady

11. Industry or business Radios near

12. Name of father Joseph Hiddleston

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

14. Maiden name of mother Florence Baker

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

16. (a) Informant Hospital Records
 (b) Address Nevada Mo.

17. (a) Removal Removal (b) Date thereof 8-18-47
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Kansas City, Mo

18. (a) Signature of funeral director J. M. Chue
 (b) Address 3235 Siltson Plaza, K.C. Mo.

19. (a) 8-18-47 (b) Walthyn Vancey
 (Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug. day 18
 year 1947 hour 12:22 minute P. M.
 21. I hereby certify that I attended the deceased from Jan. 20-47
 to 8-18-47
 that I last saw her alive on Aug. 18-47
 and that death occurred on the day and hour stated above.

Immediate cause of death Chronic Myocarditis
 Due to _____
 Due to _____

Other conditions Involuntional Melancholia
 (Include pregnancy within 3 months of death)

Major findings: gms
 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)
 (a) Means of injury 0
 23. Signature P. R. Rester (M. D. or other)
 Address Nevada Mo Date signed 8-18-47

RECEIVED
District Health Officer No. 7,
District File Number 7-47-1002
Date filed 8-25-47

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 *J. Clair Shppard*
Licensed Embalmer No. *4179*
P. O. Address *K. C. 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.