

FILED MAY 7 1948
Registration District No. **449**

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: General Hospital No. 1
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 6 mos. 9 days
(Specify whether years, months or days)
 In this community 1 1/2 YEARS

3. (a) PRINT FULL NAME: Edith Winslow
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: MR. JAMES G. NOBLE
6. (c) Age of husband or wife if alive: _____ years
7. Birth date of deceased: SEPTEMBER 7 1872
(Month) (Day) (Year)

8. AGE:
 Years: 75 Months: 7 Days: 22
 If less than one day: _____ hr. _____ min.

9. Birthplace: RINGGOLD COUNTY IOWA
(City, town, or county) (State or foreign country)

10. Usual occupation: AT HOME

11. Industry or business: _____

12. Name: A. THOMPSON
13. Birthplace: UNKNOWN PENNSYLVANIA
(City, town, or county) (State or foreign country)
14. Maiden name: MARY HOFFERMAN
15. Birthplace: UNKNOWN IRELAND
(City, town, or county) (State or foreign country)

16. (a) Informant: H. N. NOBLE
(b) Address: 3227 S. BENTON

17. (a) (Burial, cremation, or removal): BURIAL
(b) Date thereof: MAY 2 1948
(Month) (Day) (Year)

(c) Place: burial or cremation: KELLERTON, IOWA

18. (a) Signature of funeral director: O. N. Newcomer Iowa

(b) Address: 1401 BRUSH CREEK BLVD.

19. (a) (Date received local registrar): 5-1-48
(b) (Registrar's signature): Geraldine Holmes

2. USUAL RESIDENCE OF DECEASED:
 (a) State: Missouri (b) County: Jackson
 (c) City or town: Kansas City
(If outside city or town limits, write "RURAL")
 (d) Street No.: 3217 Cleveland
(If rural, give location)
 (e) Citizen of foreign country? No (Yes or No)
 If yes, name country: _____

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month April day 29
 year 1948 hour 7 minute 30 P.M.
21. I hereby certify that I attended the deceased from:
Oct. 20, 1947, to April 29, 1948
 that I last saw her alive on April 29, 1948
 and that death occurred on the date and hour stated above.

Immediate cause of death: Carcinoma of cervix
 Duration: _____

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

Major findings: _____
Of operations: _____
Of autopsy: None
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: Wm W. Wilson (M. D. or other) MA
Address: Med. Dir. Gen'l Hosp. Date signed: 4-30-48

Dr. Higgins

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.....

Robert Ray

Licensed Embalmer No.....

14182

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.