

FILED JUN 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 0
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 36 days
(Specify whether
In this community 25 YRS.
years, months or days)

3. (a) PRINT FULL NAME Mildred Orear

3. (b) If veteran, name war NO 3. (c) Social Security No. no-

4. Sex F / 5. Color or race W 6. (a) Single, widowed, married, divorced SINGLE

6. (b) Name of husband or wife NO 6. (c) Age of husband or wife if alive NO years

7. Birth date of deceased JAN. 31 1889
(Month) (Day) (Year)

8. AGE: Years 59 Months 3 Days 24 If less than one day hr. min.

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

10. Usual occupation HOME

11. Industry or business _____

12. Name J.C. OREAR 0

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

14. Maiden name LILLY DARRETT

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

16. (a) Informant H.B. OREAR (BROTHER)

(b) Address 5216 ROCKHILL RD.

17. (a) REMOVAL (b) Date thereof 5-27-48
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation SLATER, MO.

18. (a) Signature of funeral director STINE & MCCLURE

(b) Address KANSAS CITY, MO.

19. (a) 5-27-48 (b) Steraldine 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") 8
(d) Street No. BUCKINGHAM HOTEL
(If rural, give location) 0
(e) Citizen of foreign country? NO (Yes or No)
If yes, name country NO

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 25
year 1948 hour 12 minute 30 A.M.

21. I hereby certify that I attended the deceased from April 19, 1948 to May 25, 1948
that I last saw her alive on May 25, 1948
and that death occurred on the date and hour stated above.

Immediate cause of death Bronchopneumonia Duration

Due to _____

Due to _____

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

Major findings: Of operations 107

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. Hall (M. D. or other) 5-25-48
Address Med. Dir. Gen'l Hosp. Date signed _____

D. Miller

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 _____

Licensed Embalmer No. 1415

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.