

FILED OCT 1 1948
Registration District No.

Primary Registration District No. 1002

Registrar's No.

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: RESEARCH HOSPITAL
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution: FOUR WEEKS
(Specify whether) In this community: 3 1/2 YEARS
years, months or days

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.: 2624 E. 29TH
(If rural, give location)
(e) Citizen of foreign country? NO (Yes or No)
If yes, name country:

3. (a) PRINTERS: HARRIET LOWD.
FULL NAME

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

4. Sex: FEMALE / 5. Color or race: WHITE
6. (a) Single, widowed, married, divorced: MARRIED
6. (b) Name of husband or wife: HARRY H. LOWD
6. (c) Age of husband or wife: alive 60 years
7. Birth date of deceased: 7 28 1891
(Month) (Day) (Year)

8. AGE: Years 57 Months 1 Days 20
If less than one day hr. min.

9. Birthplace: OSCODA MICHIGAN
(City, town, or county) (State or foreign country)

10. Usual occupation: HOUSEWIFE

11. Industry or business: HOMEMAKING

12. Name: GEORGE BENEDICT

13. Birthplace: NO RECORD MICHIGAN
(City, town, or county) (State or foreign country)

14. Maiden name: EMMMA BEERS

15. Birthplace: SANILAC COUNTY MICHIGAN
(City, town, or county) (State or foreign country)

16. (a) Informant: HARRY H. LOWD

(b) Address: 2624 E. 29TH KANSAS CITY, MO.

17. (a) BURIAL (b) Date thereof: 9-21-48
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation: MOUND GROVE CEMETERY

18. (a) Signature of funeral director: Henry H. Stahl

(b) Address: 815 W. MAPLE AVE. INDEPENDENCE, MO.

19. (a) 9-20-48 (b) Beveline Holmes
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 9 day 18
year 1948 hour 6 minute A.M.

21. I hereby certify that I attended the deceased from 6-26-1947 to 9-18-1948
that I last saw her alive on 9-17-1948
and that death occurred on the date and hour stated above.

Immediate cause of death: Carcinomatosis, Generalized
Due to: Carcinoma of Fundus
Due to: Intestine

Other conditions: 48h
(Include pregnancy within 3 months of death)

Major findings: Of operations: 48h

Of autopsy: as above, retained to all organs

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?

(d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work?

23. Signature: L. G. Potter (M. D. or other) Address: 729 Prof Bldg, KC Mo Date signed: 9/20/48

Duration

1948

3 mo

PHYSICIAN

Underline the cause of which death should be charged statistically.

WRITE PLAINLY—USING 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, ~~one~~.....
....., Registered Apprentice No.....
working under my personal supervision.

Signed.....

Henry H. Stahl

Licensed Embalmer No.....

3181

P. O. Address.....

Independence

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.