

No. 2  
5-43  
5-17-39  
I X36671

FILED OCT 29 1948

State File No. \_\_\_\_\_

Registration District No. 149

Primary Registration District No. 1002

Registrar's No. 4023

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 5 hrs. 40 mins.  
(Specify whether \_\_\_\_\_)

In this community as above  
(years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 16

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

(d) Street No. \_\_\_\_\_  
(If rural, give location) 1

(e) Citizen of foreign country? no. (Yes or No)

If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME Mrs. Alma Eidson

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 unknown

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

7. Birth date of deceased May 9 1897  
(Month) (Day) (Year)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct. day 1  
year 1948 hour 12 minute 40 A. M.

21. I hereby certify that I attended the deceased from 10  
1 1948 to 10-1 1948  
that I last saw her alive on 10-1 1948  
and that death occurred on the date and hour stated above.

Immediate cause of death Undetermined pending further investigation

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_

Major findings:  
Of operations \_\_\_\_\_

Of autopsy See above

8. AGE: Years Months Days If less than one day

51 4 23 22 hr. min.

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

10. Usual occupation housewife.

11. Industry or business X

12. Name H. M. Morgan

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

14. Maiden name Rosie Bunch

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

16. (a) Informant L. B. Jones,

(b) Address Buffalo, Missouri

17. (a) removal (Burial, cremation, or removal) (b) Date thereof 10-1-48  
(Month) (Day) (Year)

(c) Place: burial or cremation Buffalo, Missouri

18. (a) Signature of funeral director Stine & Mc Clure

(b) Address 3235 Gillham Plaza, K. C., Mo.

19. (a) 10-4-48 (Date received local registrar) (b) Heraldine Holmes (Registrar's signature)

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)

(c) Means of injury W. W. Hart

23. Signature W. W. Hart (M. D. or other) Med

Address Med. Dir. Gen'l Hosp. Date signed 10-1-48

Duration \_\_\_\_\_

PHYSICIAN \_\_\_\_\_

Underline the cause to which death should be charged statistically.

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

8  
3  
8

Dr. Fleming

OCT 23 1948

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. Fallon*

Licensed Embalmer No. 1415

P. O. Address *J. C. M. S.*

**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.